

L16000057140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT OF TREASURY
ATLANTA, FLORIDA

16 AUG -5 PM 4:00

AUG 08 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2016

DONY JOSEPH
2520 NW 16TH LANE UNIT #1
POMPANO BEACH, FL 33064

SUBJECT: GOOD GUYZ PAINTING LLC
Ref. Number: L16000057140

We have received your document for GOOD GUYZ PAINTING LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 616A00014756

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

Good Guyz Painting LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dony Joseph
Name of Person
Good Guyz Painting LLC
Firm/Company
2520 NW 16th Lane Unit #1
Address
Pompano Beach, FL 33064
City/State and Zip Code
Dony Joseph 522@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dony Joseph at 239 200-1817
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Good Guyz Painting LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L14000057140.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Good Guyz Painting @ Pressure Cleaning LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

☐ Remove
 10 AUG 5 PM 4:00
☒ Change
☐ Add
☐ Remove

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-23-2010 BY 60322
UCBAW/SEB/HLD

16 AUG -5 PM 4:00
ALLIANCE
FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7/28/, 2016

Dmy Joseph
Signature of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee