

L16000152639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

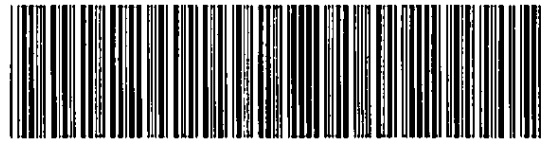
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400355807334

12/04/20--01015--010 **60.00

FILED

2020 DEC -4 PM 1:14

1/14/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S&O 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:

Michael Senig

Name of Person

S&O Painting, LLC.

Firm/Company

947 Beville Rd. STE 4

Address

South Daytona, FL 32119

City/State and Zip Code

volusia@premiumpainters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Otto Senig

386 414-0288

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Senig	947 BEVILLE RD. UNIT 4	<input checked="" type="checkbox"/> Add
		SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Senig	947 BEVILLE RD. UNIT 4	<input checked="" type="checkbox"/> Add
		SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 DEC -4 PM 1:14
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

FILED
2020 DEC -4 PM 1:14

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 21 2020

Signature _____

Signature of a member or authorized representative of a member

Otto Senig

Typed or printed name of signee

Filing Fee: \$25.00