

L16000223153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

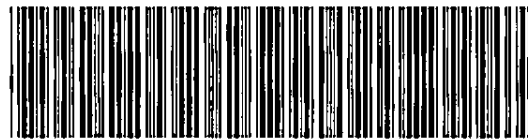
(Business Entity Name)

(Document Number)

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2018 MAY 23 A 6:58



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2018

FRANKLIN GONZALEZ
917 N REMBRANDT WAY
INVERNESS, FL 34453

SUBJECT: GONZALEZ PAINTING SERVICES OF OCALA, LLC
Ref. Number: L16000223153

2018 MAY 25 A 6:58

We have received your document for GONZALEZ PAINTING SERVICES OF OCALA, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must file articles of amendment first before changing name on articles of conversion. Please revise # 3 of application to reflect the state, non - U.S. entity, or the country.

There is a balance due of \$25.00.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 318A00009916

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gonzalez Painting Services
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:

Franklin Gonzalez
Name of Person
Gonzalez Painting Services
Firm/Company
917 N. Rembrandt Way
Address
Inverness, FL 34453
City/State and Zip Code
bodyandsoul77@hotmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Franklin Gonzalez at (352) 454-0162
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Gonzalez Painting Services
(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 Dec. 2016 and assigned
Florida document number L16000223153

This amendment is submitted to amend the following:

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

Gonzalez Drywall, Framing, and Painting 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)

917 N. Rembrandt Way
Inverness, FL 34453

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

917 N. Rembrandt Way
Inverness, FL 34453

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

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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 May 21, 2018

Franklin Gonzalez

Typed or printed name of signee