

L17 0000 28518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

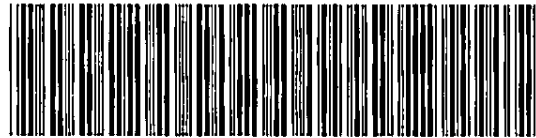
(Business Entity Name)

(Document Number)

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2019 JUN 13 PM 2:19

FILED

2019 JUN 13 PM 2:19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A Fresh Look Painting and Faux 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:

Patricia Shepherd  
Name of Person

A Fresh Look Painting and Faux LLC  
Firm/Company

6103 Lake Front Dr  
Address

Fort Myers, FL 33908  
City/State and Zip Code

pshepherd315@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Shepherd at (239) 292-5795  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

A Fresh Look Painting and Faux LLC FILED  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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>
AMBR	Michael Paul Smith	14279 Reflection Lakes Dr	<input type="checkbox"/> Add
		Ft. Myers	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chloe Darragh	1745 Jefferson Ave	<input checked="" type="checkbox"/> Add
		Ft. Myers	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

(b) The 90th day after the record is filed.

Patricia Shepherd  
Signature of a member or authorized representative of a member

Patricia Shepherd  
Typed or printed name of signer