1170000 28518

(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



000330233910

06/13/19--01016--005 **25.00

JUN 13 PD 2-18

L FELLENCE ANN 5 V 1819

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A Fresh Look Painting and Faux LLC Name of Limited Hability 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 LC Firm/Company	
6103 Lake Front Dr Address	
Fort Myers, FL 33908 City/State and Zip Code	
eshepherd 3150gmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (239) 292 - 5795 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee Certificate of Status	tus &

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

A Fresh Look Pai	nting and faux L	
(A Flor	bility Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability	Company were filed on <u>G</u>	253 July 13 FD 2: 15 0 06 2017 and assigned
Florida document number <u>4 170000 28518</u>		Action Automotives
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here	;:
The new name must be distinguishable and contain the words "I	imited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Patana and Providence		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or rep	vistered office address on o	ur records enter the nume of the ne
registered agent and/or the new registered office ac	ddress here:	of records, enter the name of the ne
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida	street address
		. Florida
	City	Florida Zıp 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>	Address	Type of Action
AMBR	Michael Paul Smith	14279 Reflection Lakes D	
		Ft. Myers	■ Remove
			Change
AMBR	Chloe Darragh	1745 Jefferson Ave	Add
		Ft. Myers	Remove
			Change
			
			Remove
			□ Change
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			🗆 Add
			Remove
			Change
			Remove
			Change

i assicil	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
	
	
_	
<u>iote:</u> II	e date, if other than the date of filing:
e reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
ated _	·
	Patricia Shepherd Patricia Shepherd Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00