

L17000031515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

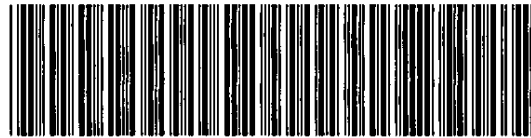
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
2017 MAY 15 PM 4:28
TALLAHASSEE, FLORIDA

Office Use Only



400299038914

05/16/17--01009--018 **25.00

2021 MAY 15 A 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

n. BRUCE
MAY 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Cartoon 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:

Shaun Fuller

Name of Person

My Cartoon Painting, LLC

Firm/Company

1016 Chipola Road

Address

Ft Pierce, FL 34950

City/State and Zip Code

mycartoonpainting@gmail.com

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

For further information concerning this matter, please call:

Shaun Fuller

at (772) 801-7812

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 15 A 7 56

FILED

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**

My Cartoon 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 02/08/2017 and assigned
Florida document number L17000031515.

This amendment is submitted to amend the following:

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

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:

1016 Chipola Road

(Principal office address MUST BE A STREET ADDRESS)

Ft Pierce, FL 34950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1016 Chipola Road

Ft Pierce, FL 34950

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:

Shaun Fuller

New Registered Office Address:

1016 Chipola Road

Enter Florida street address

Ft Pierce

City

, Florida

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>
AMBR	Shaun Fuller	1016 Chipola Road	<input checked="" type="checkbox"/> Add
		Ft Pierce, FL 34950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bradley Jackson	1023 Chipola Road	<input type="checkbox"/> Add
		Ft Pierce, FL 34950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Robert Perdue	2209 Elizabeth Ave	<input type="checkbox"/> Add
		Ft Pierce, FL 34982	<input checked="" 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

FILED
 2011 MAY 15 A 7:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2021 MAY 15 A 7 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 15 A 7 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

05/08/2017 12:01am

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.

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.

2017

Signature of a member or authorized representative of a member

Shaun Fuller

Typed or printed name of signee