

L17000061292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

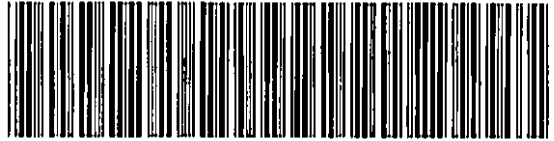
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

685

Complete form 304

Office Use Only



400330877074

10/02/19--01035--017 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP 20 PM 12:18

Amund

OCT 01 2019
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riverside Paint 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:

Matthew McCauslin

Name of Person

Riverside Paint LLC

Firm/Company

12 Palmwood Court

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

matt-mccauslin@yahoo.com

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

For further information concerning this matter, please call:

John Layton

Name of Person

at (904)

Area Code

525-3665

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP 20 PM 12:18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2019

JOHN LAYTON
4623 ROYAL AVE
JACKSONVILLE, FL 32205

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We received the attached page without any supporting documents so we do not know which entity this is for. Please complete the proper form and return it with the proper filing fee.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 019A00018428

RECEIVED
2019 SEP 20 PM 2:11

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

Riverside Paint 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 16 March, 2017 and assigned Florida document number L27000061292.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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>
MGR	Matthew J. McCaustin	12 Palmwood Ct	<input type="checkbox"/> Add
		Jacksonville Beach, FL 32250	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	John C. Layton	4623 Royal Ave	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32205	<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

[illegible]