

L17000093826

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

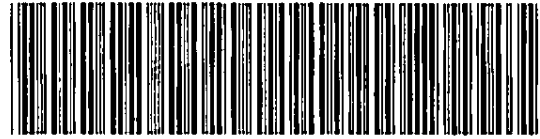
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400302549614

08/25/17--01009--022 \*\*25.00

FILED  
2017 AUG 25 PM 1:58  
STATE OF MA  
HALLAMSBURY

K SALY  
AUG 29 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Designer cuts L.L.C.  
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:

Jeffrey Dominguez  
Name of Person

Designer cuts L.L.C.  
Firm/Company

19509 NW 57 Ave  
Address

Miami FL 33055  
City/State and Zip Code

DOMINGUEZJEFF7358@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Dominguez at ( 786 ) 602-3251  
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

Designer cuts L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2017 AUG 25 PM 1:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4-27-2017 and assigned  
Florida document number 617000093826.

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:

(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:

Jeffrey Dominguez SA

New Registered Office Address:

19721 NW 57 PL

Enter Florida street address

Hialech

City

Florida

33015

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.

Jeffrey Dominguez

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>
<u>owner</u>	<u>Jeffrey Dominguez</u>	<u>19721 NW 57 Pl Hollywood FL 33015</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED  
2011 JUN 25 PM 5:50  
CLERK OF DISTRICT COURT  
11th JUDICIAL CIRCUIT  
IN AND FOR FLORIDA


2001 AUG 2  
SECRETARIAT OF  
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FILED  
2001 AUG 25 PM 1:55  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF CALIFORNIA  
SAN FRANCISCO

(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.

Dated 11-16-2017 , \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Jeffrey Dominguez  
Typed or printed name of signer

L11000070252

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

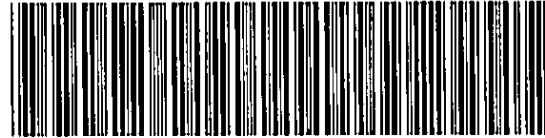
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/25/17--01009--029 \*\*25.00

FILED  
2017 AUG 25 PM 2:02  
CLERK OF DISTRICT COURT  
ALABAMA

K SALY  
AUG 29 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COLORSEAL PAINTING AND WATERPROOFING 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:

Tory Copeland

Name of Person

COLORSEAL PAINTING AND WATERPROOFING LLC

Firm/Company

15941 Cindy Ct

Address

Ft Myers, FL 33908

City/State and Zip Code

torcop@aol.com

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

For further information concerning this matter, please call:

Tory Copeland

239 246-9750  
at ( )

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**

COLORSEAL PAINTING AND WATERPROOFING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2017 AUG 25 PM 2:02  
CLERK OF CIRCUIT  
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/16/2011 and assigned  
Florida document number L11000070252.

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: \_\_\_\_\_

**(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*

\_\_\_\_\_, 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>
AMBR	Christopher Windbigler	15941 Cindy Ct	<input checked="" type="checkbox"/> Add
		Ft Myers, FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED  
2011 JUN 25 PM 2:02  
CLERK OF DISTRICT COURT  
FBI

2011 AUG 5  
10:10 AM  
10:10 AM

2011 AUG 25 PM 2:02  
FBI - NEW YORK

(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)

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.

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Tory Copeland

Typed or printed name of signee