

L17000165670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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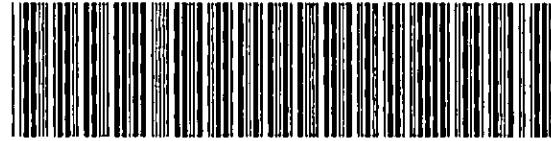
(Business Entity Name)

(Document Number)

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17 AUG 24 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSTA SOLUTIONS, 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:

MARY MAURER
Name of Person

MMI PAINTING, LLC
Firm/Company

4504 OSSABAW WAY
Address

NAPLES, FL 34119
City/State and Zip Code

MARYMUCH@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY MAURER at (203) 559-1795
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**

Insta Solutions 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 August 3, 2017 and assigned
Florida document number L17000165670

This amendment is submitted to amend the following:

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

MMI PAINTING LLC

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)

4504 OSSABAW WAY
NAPLES, FL 34119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4504 OSSABAW WAY
NAPLES, FL 34119

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:

MARY MAURER

New Registered Office Address:

4504 OSSABAW WAY

Enter Florida street address

NAPLES

City

Florida

34119

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.

Mary Maurer

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	JOHN B SHAKE	580 7th ST. SW	☒ Add
		NAPLES, FL 34119	☐ Remove
			☐ Change
	MR. GUPTA	1751 2ND AVE.	☐ Add
		NEW YORK, NY 10128	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

RESIDENTIAL & COMMERCIAL PAINTING
INTERIOR / EXTERIOR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

Dated

8/21/2017

Mary Maurer

Signature of a member or authorized representative of a member

MARY MAURER

Typed or printed name of signer