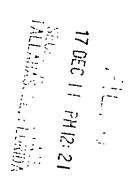


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(5)
(Business Entity Name)
(Document Number)
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12/11/17--01024--001 **30.00



COVER LETTER

	Registration Section Division of Corporations		er e	
~ SUBJEC	T: Kathten	Name of Lim	nted Liability Company	painting LLC"
The enclo	osed Articles of Amendmen	t and fee(s) are sub	omitted for filing.	
Piease ret	urn all correspondence con	cerning this matter	to the following:	
			MCCQUICY Name of Person	11
	Ka	threen ma	Equilys C 1997/11/2	ng Opporting Lec
	14	05 E95	+ Gate Dr Address	
	,		City/State and Zip Code SUCE Mail to be used for future annual report po	
For furthe	er information concerning t	his matter, please c	all:	
Kati	Hen ME q	uley	at (<u>9</u> <u>U/</u>) <u>53</u> Area Code Dayti	7-5738 me Telephone Number
Enclosed	is a check for the following 0 Filing Fee	; amount:		
Ā∫ \$ 25.0	0 Filing Fee \$\times \text{\$\frac{1}{2}}\$\$30.0 Cen	0 Filing Fee & tificate 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 ADDR Registration Section		STREET/COUI Registration Sect	RIER ADDRESS:
	Division of Corpor		Division of Corp	
	P.O. Box 6327		Clifton Building	
	Tallahassee, FL 32	314	2661 Executive (Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	t^{\prime}
Kathleen mccouley	Cleaning P. Painting Lie
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con	
Florida document number 82-2503666	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
Kathlean margular alega	vina and Painting, L10
The new name must be distinguishable and contain the words Limited	DINA AND POINTING LLC Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Kameen mccalley
, -	
(Principal office address MUST BE A STREET ADDRES	
	Venice FL 34295
	1/ ///
Enter new mailing address, if applicable:	Kathleen Mccauley
(Mailing address MAY BE A POST OFFICE BOX)	232 8 Bal Harbour Dr
†	Venice FL 34293
1	
	red office address on our records, enter the name of the new
registered agent and/or the new registered office address	s nere:
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 A	sgent:
I hereby accept the appointment as registered agent an	d agree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed	g Authorized Person(s from our records:	authorized to mana	ge, enter the title, name,	and address of each person being adde
MGR= M AMBR= A	lanager Authorized Member			
<u>Title</u>	Name		Address	Type of Action
				⊞Add
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ive date, if other than fective date is listed, the date If the date inserted in the ment's effective date on the cord specifies a dela	must be specific is block does no be Department o	and cannot be protect the apport State's recor	licable statutory fili ds.	ng require	ments, this	illing.) Pursuant to 609 date will not be list
90th day after the	record is file	d.				
	17	_,	·			
12-8-	- / -/-		_			
12-8-	Signature of	f a member or au	mortzed representativ	e of a mem	ber	
Lat	Asignature of	f a member or at	thorized representative	e of a mem	ber	

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Filing Fee: \$25.00