

L17000234222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

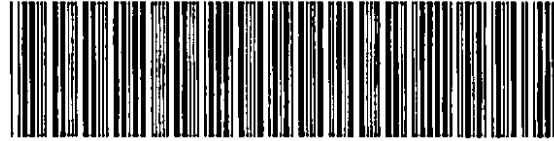
(Business Entity Name)

(Document Number)

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2018 JAN 17 A 11:41
CLERK OF COURT
CLERK OF COURT

D. SCOTT
JAN 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGGIE'S PAINTING SERVICES, 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:

ALTAGRACIA CONCEPCION

Name of Person

MAGGIE'S PAINTING SERVICES, LLC

Firm/Company

11961 HATCHER CIRCLE

Address

ORLANDO, FLORIDA 32824

City/State and Zip Code

concepcion909@aol.com

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

For further information concerning this matter, please call:

ALTAGRACIA CONCEPCION

407

520-9166

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

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FILED

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

MAGGIE'S PAINTING SERVICES, 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 11/13/2017 and assigned
Florida document number L17000234222.

This amendment is submitted to amend the following:

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

MAGGIE'S PAINTING SERVICES, LLC

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)

11961 HATCHER CIRCLE

ORLANDO, FLORIDA 32824

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:

ALTAGRACIA CONCEPCION

New Registered Office Address:

11961 HATCHER CIRCLE

Enter Florida street address

ORLANDO

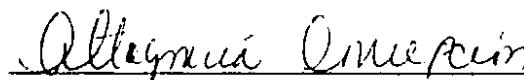
Florida 32824

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>
MGR	ALTAGRACIA CONCEPCION	11961 HATCHER CIRCLE	<input checked="" type="checkbox"/> Add
		BILLY DELGADO	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JELISA MARTI	11961 HATCHER CIRCLE	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add

2018 JAN 1 11:11 AM

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

NAME OF THE COMPANY WAS MISPELL AND REMOVED BILLY DELGADO(MGR) AND ADDING

AUTORIZE MEMBER.

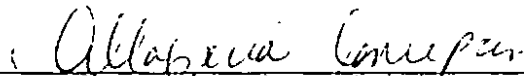
E. Effective date, if other than the date of filing: 1/8/2018 (optional)

(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 JANUARY 08, 2018



Signature of a member or authorized representative of a member

ALTAGRACIA CONCEPCION

Typed or printed name of signee