## L18000109528

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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K SALY DEC - 7 2018



October 29, 2018

WIL'S PAINTING AND HANDYMAN LLC WILMER QUINTERO 9712 KINGS CANYON PL TAMPA, FL 33634

SUBJECT: WIL'S PAINTING AND HANDYMAN LLC

Ref. Number: L18000109528

We have received your document for WIL'S PAINTING AND HANDYMAN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6051.

Letter Number: 418A00022304

Karen A Saly Regulatory Specialist II

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## **COVER LETTER**

TO:	Registration S Division of Co						
erto 11	·zer.	WIL'S PAINTING AND HA	NDYMAN LLC				
SUBJE		Name of Lin	nted Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
			WILMER QUINTERO				
			Name of Person				
		WIL'S PA	AINTING AND HANDYMAN LL	С			
		9.	9712 KINGS CANYON PL				
			Address				
		TAMPA FLORIDA 33634					
			City State and Zip Code OENIX BPG@GMAIL.COM				
		E-mail address: (	to be used for future annual report not	itication)			
For furt	her information c	concerning this matter, please co	ill:				
	WILMER	QUINTERO	813 476-1655				
	Name c	of Person	at () Area Code Daytin	ne Telephone Number			
Enclose	d is a check for t	he following amount:					
<b>≘</b> \$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)			
		ING ADDRESS: ration Section	STREET/COUR Registration Section				

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WIL'S PAINTING AND HANDYMAN 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 Lia	bility Company	were filed on MAY 0	1, 2018	and assigned	
Florida document number L18000109528					
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo		December 1	odina sa figuri na dan ak	demandations 21 1 (2.22	
The new name must be distinguishable and contain the wo	ras - (aimtea Laabii	9712 KINGS CANYON PL			
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET ADDRESS)		TAMPA FLORIDA	33034		
Enter new mailing address, if applicable:		WILMER QUINTERO			
(Mailing address MAY BE A POST OFFICE B	(OX)	P.O. BOX 262936			
		TAMPA FLORIDA33685			
B. If amending the registered agent and/o registered agent and/or the new registered office and the Name of New Registered Agent:		<u>e</u> :	records, enter	the name of the new	
New Registered Office Address:	TAMPA FLORIDA 33634				
	Enter Florida street address				
			, Florida		
		City		Zip Code	
New Registered Agent's Signature, if changing Re					
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete tered agent as p rgistered office	performance of my oprovided for in Chap	luties, and Lam <sub>.)</sub> ter 605, F.S. Or,	familiar with and if this document is	

H 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 = M AMBR = A	lanager Authorized Member		FILED	
<u> Title</u>	<u>Name</u>	Address	18 DEC -7 PH 4: 32	Type of Action  □ Add
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				Change
				□ Remove
				Change
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etive date, if other than the da effective date is listed, the date must be	te of filing:			(optional)	
effective date is listed, the date must be effective date inserted in this block	specific and cannot be	ne prior to date of a	filing or more than 90 da tory filing remains me	iys after filing ) l' nts. this date wi	ursuunt to 605 020 Il not be listed :
ument's effective date on the Depa	rtment of State's re	cords.			
record specifies a delayed e	fective date, b	ut not an eff	octive time, at 13	2:01 a.m. or	the earlier
he 90th day after the record	is filed.				
, AUGUST 31ST,	2018				
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TWINKWIZ MA	~ <i>v</i> 11/V		esentative of a member		

Page 3 of 3

Filing Fee: \$25.00