

218000115064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

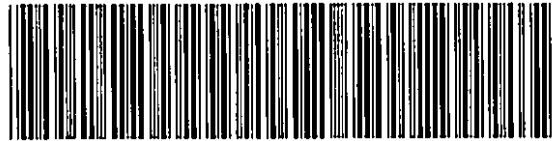
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900318194379

09/10/18--01013--016 \*\*25.00

2018 SEP 10 PM 2:59  
FALL RIVER, MA  
STATE OF MASSACHUSETTS

FILED

D PRUCE  
SEP 12 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RIGHT WAY PAINTING SERVICE OF NORTHEAST FLORIDA, 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:

Jeffery Bohlscheid

Name of Person

Right way Painting service of northeast florida, L.L.C

Firm/Company

7556 Collins CT.

Address

Jacksonville, Florida, 32244

City/State and Zip Code

Jefferybohlscheid@gmail.com

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

For further information concerning this matter, please call:

Jeffery Bohlscheid

at ( 904 )

5890532

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

RECEIVED  
SEP 10 2010  
TALLAHASSEE, FL

2010 SEP 10 PM 2:55

FILED

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

RIGHT WAY PAINTING SERVICES OF NORTHEAST FLORIDA, L.L.C.

(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 MAY 8TH, 2018 and assigned  
Florida document number L18000115064.

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*

*City*, **Florida**

*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

FILED  
2018 SEP 10 PM 4:15  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

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	JEFFERY BOHLSCHIED	7556 COLLINS CT.	<input checked="" type="checkbox"/> Add
		JACKLSONVILLE, FL 32244	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOLLY BOHLSCHIED	7556 COLLINS CT.	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32244	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SCOTT MUNOZ	9645 BAYMEADOWS RD	<input checked="" type="checkbox"/> Add
		APT 892 JACKSONVILLE, FL	<input type="checkbox"/> Remove
		32256	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2018 SEP 10 PM 2:33  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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

\$25 Filing fee only please

2018 SEP 10 PM 2:56  
STATE OF NEW YORK  
DEPARTMENT OF STATE  
RECORDS SECTION

FILED

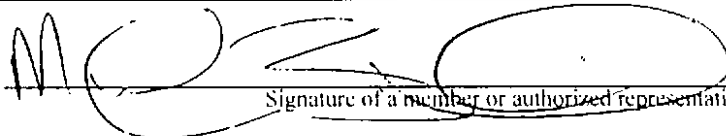
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 \_\_\_\_\_



Signature of a member or authorized representative of a member

MOLLY BOHLSCHIED

Typed or printed name of signee