

L18000122744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

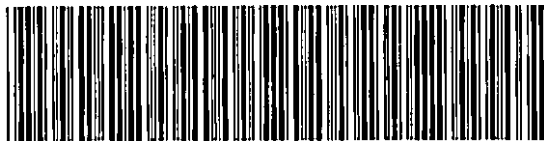
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100316275311

07/30/18--01006--007 **25.00

T. CLINE

AUG - 6 2018

EXAMINER

18 JUL 31 AM 8:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Tortoise Pool Paint, 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:

ROM MIZRAHI

Name of Person

Firm/Company

6199 N. FEDERAL HIGHWAY

Address

BOCA RATON, FL

33487

City/State and Zip Code

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

For further information concerning this matter, please call:

ROM MIZRAHI

561

953-1050

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

18 JUL 3 8 PM 8:24

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

Blue Tortoise Pool Paint, 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 May 16, 2018 and assigned
Florida document number L18000122744.

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)

3010 NE 7TH DR

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3010 NE 7TH DR

BOCA RATON, FL 33431

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:

Donald Schnurr

New Registered Office Address:

3010 NE 7TH DR

Enter Florida street address

BOCA RATON


City

Florida 33431

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	DONALD SCHNURR	3010 NE 7TH DR.	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARTHA SCHNURR	3010 NE 7TH DR.	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18. 11. 3. 1961

18. 11. 3 18. 8. 24

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.

Dated 7/27/18

Signature of a member or authorized representative of a member

DONALD SCHURR
Typed or printed name of signer