

L19000 195394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

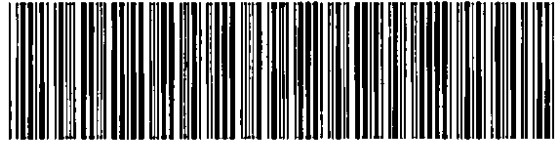
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8/2/19
Pietro Cursio
Auth. All corrections

Office Use Only



800331397108

07/12/19-11/01/19 015 \$25.00

2019 JUL 21 PM 9:32

Amend

AUG 02 2019
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NSB Wet 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:

Pietro M. Cursio
Name of Person

NSB Wet Paint LLC
Firm/Company

2051 Pioneer Trl #206
Address

New Smyrna Beach FL 32168
City/State and Zip Code

wetPaintAndwash@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pietro Cursio at 330, 571 2266
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: (Previously mailed)

- ☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2019

PIETRO M. CURSIO
2051 PIONEER TRAIL #206
NEW SMYRNA BEACH, FL 32168

SUBJECT: NSB WET PAINT LLC
Ref. Number: L18000195394

We have received your document for NSB WET PAINT 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 319A00014815

RECEIVED

2019 JUL 31 AM 11:11

Division of
TALLAHASSEE, FL

*Completed forms are attached.
Thank You*

NSB WET PAINT LLC

2051 Pioneer Trail #206
New Smyrna Beach, FL 32168
(330) 571-2266



"Our professional finish makes all the difference!"

July 6, 2019

To Whom It May Concern

This document is to verify my decision to grant half ownership of NSB Wet Paint LLC to my wife, Barbara S. Cursio who is also the registered agent for said company with the State Of Florida.

This is effective as of today's date, Saturday, July 6, 2019.

x Pietro M. Cursio

Pietro M. Cursio, Owner
NSB Wet Paint LLC
2051 Pioneer Trail #206
New Smyrna Beach, FL 32168
330-571-2266

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

(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 08-15-2018 and assigned Florida document number 418000195394.

This amendment is submitted to amend the following:

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

n/a
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

_____, Florida

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>
AMBR	Barbara Cursio	2051 Pioneer Trl #206	<input checked="" type="checkbox"/> Add
		New Smyrna Bch FL	<input type="checkbox"/> Remove
		32168	<input checked="" type="checkbox"/> Change
AMBR	Pietro M.		<input type="checkbox"/> Add
	Cursio		<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

n/a

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

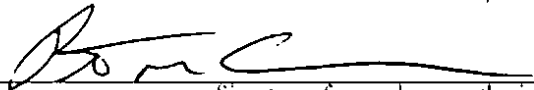
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 07-29- 2019.



Signature of a member or authorized representative of a member

Pietro M. Cursio - Co Owner

Typed or printed name of signee