

L18 000219567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 DEC 27 PM 2:17

FILED

Y. SULLER

01/07/20

X



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2019

SUNDANCE PAINTING, LLC  
213 RIALTO RD  
KISSIMME, FL 34759

SUBJECT: SUNDANCE PAINTING, LLC  
Ref. Number: L18000219567

We have received your document for SUNDANCE PAINTING, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 219A00025894

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

SUNCLANCE PAINTING  
(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 Sept 14, 2018 and assigned  
Florida document number L18002219567.

This amendment is submitted to amend the following:

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

~~SUNCLANCE PAINTING~~  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

LOUIS CHIACCHIAIO  
213 RIALTO ROAD  
KISSIMMEE FL 34759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

LOUIS CHIACCHIAIO  
213 RIALTO ROAD  
KISSIMMEE FL 34759

**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:

LOUIS CHIACCHIAIO  
~~SUNCLANCE PAINTING~~

213 RIALTO ROAD  
Enter Florida street address

KISSIMMEE Florida 34759  
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.

Louis Chiacchio  
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>
OWNER/ MGR	LOUIS CHIACCIANO	213 RIALTO ROAD	<input checked="" type="checkbox"/> Add
		KISSIMEE FL 34759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OLD OWNER	MICHAEL MAHER	537 SHOREVIEW DR	<input type="checkbox"/> Add
		KISSIMEE FL 34759	<input checked="" type="checkbox"/> Remove
			<input 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PUTTING THE COPY IN MY NAME LOUIS CHIACCHIANO  
FROM MICHAEL MAHER.

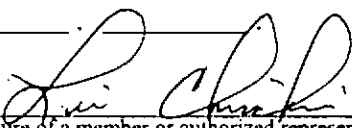
E. Effective date, if other than the date of filing: NOV 7, 2019 (optional)

(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 NOV 7, 2019

  
Signature of a member or authorized representative of a member

LOUIS CHIACCHIANO  
Typed or printed name of signer