

L18000275069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

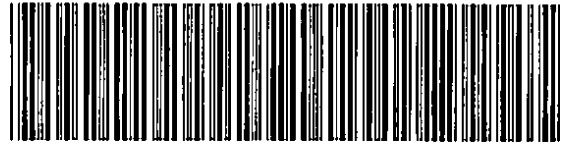
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK to file per
Darlene Connell

7/13/19

Office Use Only



200331076482

07/01/19--01021--001 **25.00

2019 JUL - 1 PM 6:11

FILED

C. GOLDEN

JUL 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sky Limit Painting
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:

Fred Vazquez
Name of Person

Sky Limit Painting
Firm/Company

1926 Bonnevillle Dr
Address

Orlando, FL 32826
City/State and Zip Code

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

For further information concerning this matter, please call:

Fred Vazquez at (857) 250-1118
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Phone # (857) 250-1118

Return address: 1926 Bonnevillle Dr.
Orlando, FL 32826

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

FILED
2019 JUL -1 PM 6:11

SKY LIMIT PAINTING 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 11/28/18 and assigned Florida document number L18000275069.

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 "LLC."

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:

Fred Vazquez

New Registered Office Address:

1926 Bonnevile Dr.

Enter Florida street address

Orlando

City

Florida

32826

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:

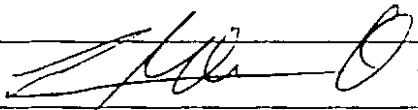
MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MB</u>	<u>Rap Free Way LLC</u>	<u>708 Suncrest loop</u>	<input type="checkbox"/> Add
		<u>Casselberry, FL 32707</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>P</u>	<u>Fred O. Vazquez</u>	<u>1926 Bonneville Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32826</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Registered agent</u>	<u>Rap Free Way LLC</u>	<u>708 Suncrest loop</u>	<input type="checkbox"/> Add
		<u>Casselberry, FL 32707</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Registered agent</u>	<u>Fred O. Vazquez</u>	<u>1926 Bonneville Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32826</u>	<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

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

I, Freed Vazquez am familiar with
and accepts all obligations of this position.



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 ~~6/11/19~~ June 11, 2009.



Signature of a member or authorized representative of a member

Freed O. Vazquez

Typed or printed name of signer