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COVER LETTER

	Registration Sec Division of Corp			
CHDIEC		ters Painting and Remodeling l	LLC	
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspoi	ndence concerning this matter	to the following:	
		Joseph Cridiso		
			Name of Person	
		Master Coaters Painting an	id Remodeling LLC	
			Firm/Company	
1507 Kentucky Ave				
			Address	
		Lynn Haven FL 32444		
			City/State and Zip Code	
		cridisom62@gmail.com		
		E-mail address: (to be used for future annual report notifi-	cation)
For furthe	r information co	oncerning this matter, please co	all:	
Joseph Ci	ridiso		850 658-4500 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

TO:

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

2019 007 21 PH 7: 21

Master Coaters Painting and Remodeling 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 2/25/19	and assigned
Florida document number L19000054356		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 o registered agent and/or the new registered office address her		s, enter the name of the nev
Name of New Registered Agent:	- 	
New Registered Office Address:		
	Enter Florida street address	<u>s</u>
	Flo	orida
	City	Zip Code

New Registered Agent's Signature, it 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>	Address	Type of Action
MGR	Joseph P Brinkley	1507 Kentucky Ave	
		Lynn Haven FL 32444	
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Tective date, if other in effective date is listed, the date inserted cument's effective date	in this block does	not meet the appli	cable statutory fil	dopt more than 90 days afting requirements, th	cional) er filing.) Pursuant to 6 iis date will not be li	05.020 isted as
record specifies a The 90th day after			ot an effective	: time, at 12:01	a.m. on the ear	lier o
October 18		2019				
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Typed or printed name of signee

Filing Fee: \$25.00