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COVER LETTER

Division of Corporations
SUBJECT: LABARRON'S PAINTING + DRYWILL 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:
JOSEPH M. LABARRON Name of Person
Firm/Company
2842 Rave Rd
Chiptey F2. 32428 City/State and Zip Code
LABIARRONIOSOCIONALI.COM E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
TOSOPY LABARRON at (850) 851 - 4097 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee.} \Bigcup \text{Certified Copy (additional copy is enclosed)}} \Bigcup \Bigcup \text{S60.00 Filing Fee.} \Bigcup \text{Certified Copy (additional copy is enclosed)}}

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAINTING AND DRUCAL imited Liability Company as it now appears or our records. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3-7-2.019Florida document number <u>L190000</u>65638. 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 "L.L.C" 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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 Type of Action Title Address <u>Name</u> Purhe Rd. Randall J. Collins ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Remove Changes □ Add □ Remove ☐ Change □ Add

Page 2 of 3		

□ Remove

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(If an effective date Note: If the da	, if other than the ce is listed, the date must the inserted in this blo ective date on the Department.	be specific and ca ak does not med	unnot be prior to d at the applicable	late of filing or more e statutory filing r	(optio than 90 days after equirements, this	filing.) Pursuant to	o 605.0207 (3 e listed as the
	ecifies a delayed lay after the reco		te, but not a	n effective tim	e, at 12:01 a	.m. on the e	arlier of:
Dated	July 1	<u>31-</u> . ,	2019				
		1_	mber or authorize	ded representative of	2019		
	// // '	signature of a me	moer or demonis	is representative or	u memoer		

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Filing Fee: \$25.00