

L190000 90502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

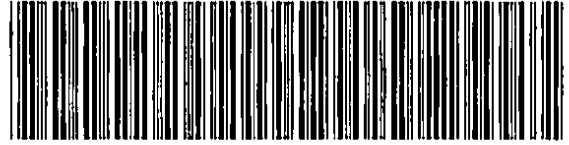
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000331984820

07/26/19--01011--010 0000

FILED
2019 JUL 26 PM 2:40
000331984820

Y SULKER

JUL 31 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN SPree Painting 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:

Michael Riley
Name of Person

SUN SPree Painting
Firm Company

16745 Cagan Crossing Blvd Ste 102 B
Address

Clermont FL 34714
City/State and Zip

SUNSPree Painting@gmail.com
E-mail address: (to be used for notice of filing) Notification

For further information concerning this matter, please call:

Michael Riley at 352 531-5347
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee,
Certificate of Status,
(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

STATE COURIER ADDRESS:
Registration Section
Division of Corporations
Clermont Building
2500 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SUN SPree Painting LLC

(Name of the Limited Liability Company as it appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5-2-19 and assigned
Florida document number L19000090502.

This amendment is submitted to amend the following:

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

NA

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

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

NA

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

NA

2019 JUL 26 PM 2:40
FILED
CLERK OF CIRCUIT COURT
JUL 26 2019
TALLAHASSEE, FLORIDA

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:

NA

New Registered Office Address:

NA
(If not a street address)

Florida

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 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.

NA

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	Edward Michael Riley	16745 Cagan Crossing	<input checked="" type="checkbox"/> Add
		Blvd ste 102 B	<input type="checkbox"/> Remove
		Clermont FL 34714	<input type="checkbox"/> Change
AMBR	Edward Patrick Riley	16745 Cagan Crossing	<input checked="" type="checkbox"/> Add
		Blvd ste 102 B	<input type="checkbox"/> Remove
		Clermont FL 34714	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July - 5 . 2019

Michael Kelly
Signature of a member of the board of directors

Michael Riley