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(Re	questor's Name)	
(Ad	dress)	·
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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T. BROWN

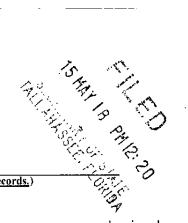
## COVER LETTER

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TO: Registration Section  Division of Corporations	<b>3</b> .	<b>*</b>	*	٠
SUBJECT: Performance Paint, 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:				
Pefformance Paint, L				
2120 Clematis St				
Sarasota, FL 3423 City/State and Zip Code	9			
Performance - Paint O hotme E-mail address: (to be used for future annual rep	port notification	1)		
For further information concerning this matter, please call:				
Name of Person at (941) 3  Area Code	S6 -7 Daytime Telep	997 Phone Number		
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed)		S60.00 Filis Certificate Certified ( (additional c	of Statu Copy	
MAILING ADDRESS: STREET/C	COURIER A	DDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Performance paint,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 $\frac{01-12-2007}{2000000000000000000000000000000000$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Destination Automotive & Marine, LLC
The new name must be distinguishable and contain the words "Limited Liability 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 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:
New Registered Office Address  Enter Florida street address
, Florida
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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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fecti	ve date, if other than the date of filing:
ın effi ote:	ective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier and on the earlier and the same of the record is filed.
ated	05-15-2015
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	Signature of a member or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00