Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| a | Account Number : I Phone : (Fax Number :) | TAX PLACE 120100000011 (954)369-4444 (954)369-4446 or this business entity to be used s. Enter only one email address ple | for futu ase.** | 2020 AUG −§ [⊃ 3: |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOPLINE PAINTING LLC

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Help

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

TOPLINE 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 04/29/2013 and assigned Florida document number L13000062101.

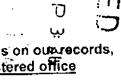
This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: TOPLINE EXPERT REMODELING LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Enter new mailing address, if applicable:



B. If amending the registered agent and/or registered office address on outcrecords, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Josafa P Xavier

New Registered Office Address: 10084 Country Brook Rd Boca Raton, FL 33428

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 statues relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions 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 chapge.

Michanging Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= Maneger AMBR≃ Authorizes Member

Title Name

Type of Action

| | If amending any other information, enter changes(s) here: (Attach additional sheets, if necessary.) |
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| _ | Transition data is asked than the data of filling: 08/05/2020 (antional) |
| D. | Effective date, if other than the date of filling: 08/05/2020 (optional) |
| D. | (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be |
| D. | Effective date, if other than the date of filling: 08/05/2020 (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of States) |
| D. | (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be |
| D. | (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of States) |
| D. | (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot to more than 90 days after the date this document is filed by the Florida Department of States) Dated: 68/05/2020 |
| D. | (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of States) |

Typed or printed name of signee