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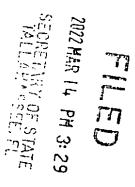
()	Requestor's Name)
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Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

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Y. SCOTT MAR 2 7 2022

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations	2	•			
	Painting and Pressure Washing	, LLC				
SUBJECT:	Name of Lim	ited Liability Company	····	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	indence concerning this matter	to the following:				
	Jesse Kammerer					
		Name of Person				
	Island Pro Paver Scaling, I	LC				
		Firm/Company				
	7045 Crock Ave			<u>ئ</u>	2	
		Address			022 H	\$550m
	North Port, Florida 34291				AR I	
	kammererbd@gmail.com	City/State and Zip Cod	le	SEE S	2022 KAR   4 PM 3: 29	
	<del>-</del>	to be used for future annu	al report notification)	<u> </u>	င္မာ	
For further information c	oncerning this matter, please c	all:		ATE	29	
Brittany Kammerer		941 5 at ()	8867701			
Name o	f Person	Area Code	Daytime Teleph	ione Number		
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is a		S60.00 Filing Certificate of Certified Co (additional cop	of Statu opy	
Mailing Addres Registration S	Section	Regis	Address: tration Section			
Division of C P.O. Box 632			ion of Corporation Centre of Tallaha			
Tallahassee, l			N. Monroe Stree		ł	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Island Pro Painting and Pressure Washing, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our re ed Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 06/29/2018	and assigned
Florida document number L18000159638		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
sland Pro Paver Sealing, LLC		
he new name must be distinguishable and contain the words "Limited Lie	ability 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)		
		22 t
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		%0 P []
Muning address MAT BE A FOST OFFICE BOX		THO IS
		77. E 29
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>e</u>	. 71
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
		Zin Code

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
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			□Add
			□Remove
			Change
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The 90th day	after the re	cord is filed	<b>!.</b>						
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