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(Re	questor's Name)	
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	☐ WAIT	MAIL.
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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09/18/20--01013--018 **25.00

OCT 2 7 2020 S. YOUNG

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
	. PAINTING AND PRESSURE	E WASHING L.L.C.			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	KEVIN MARINO				
	Name of Person				
	IMPERIAL PAINTING AND PRESSURE WASHING L.L.C.				
	Firm/Company				
	197 LIVE OAK AVE				
	Address				
	ORMOND BEACH, FL 32174				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	leation)		
For further information c	oncerning this matter, please co	all:			
KEVIN MARINO		\$50 454-0071			
Name o	f Person	at () Area Code Daytimo	: Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sec	rtion		
Division of C	Corporations	Division of Corp	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPERIAL PAINTING AND PRESSURE WASHING L.L.C. (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 $\frac{06/12/2020}{2}$ and assigned Florida document number L20000162292 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 "LLC" or the abbreviation "LA.C." KEVIN MARINO Enter new principal offices address, if applicable: 197 LIVE OAK AVE (Principal office address MUST BE A STREET ADDRESS) ORMOND BEACH, FL 32174 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: TRAPANE TAX SERVICE CORP Name of New Registered Agent: 215 RANDON TERRACE New Registered Office Address: Enter Florida street address ____. Florida 32746 Zio Code LAKE MARY

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.

Christins Trapans

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
AMBR	LATELLA, DOMENICK	197 LIVE OAK AVE, ORMOND BEACH, FL 32174	4 □ Add
			=Remove
			🗆 Add
			□Remove
	 	_ □Change	
			□Add
			□Remove
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			□Add
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		□Add	
			□Remove
			□ Change

Note:	tive date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	1 08/05/2020
	* True 1. Com
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00