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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corpora		• .	1
SUBJE	ect. <u>Paint</u>	Midics Lic Name of Limi	2 Liability Company	.
The en	closed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please	return all corresponder	nce concerning this matter t	o the following:	
	-	Kristen A	Manne of Person	
	-	Pant 1	VICIUS II C	
	-	8208 Sunun	veryood Lane	
	- -		City/State and Zip Code PAINT MILLS II (A) b be used for future annual report not	gmail (m
For fur	ther information conce	rning this matter, please ca	11:	
	Name of Per		at (\$\frac{\\$\\ \}\}) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 9844 ne Telephone Number
	ed is a check for the fo	Howing amount: 1\$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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

		St. 27 PM 2:22
Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	William Constitution
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1700031635}{}$.	were filed on Tan 27, 20	17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	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 of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		:4.
	, Flori 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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MUR	Alexandro Amil	7020 Forost Mere Drive	🖫 Add
	,	RIVERVIEW, FL 33578	Remove
			Change
			🗆 Add
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ated	JUY	reals	ot		<u>3013</u>	<u> </u>				
		- KV	USTU) Signati	ne of a m	MUU ember or ai	thorized rep	 present	ative of a member	_	

Page 3 of 3

Filing Fee: \$25.00