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SECRETARY OF STATE

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COVER LETTER

Division of Co	rporations			
Mike's Pai	nt & Repair Service, LLC			
зовлест	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Michael A Pridgen, Jr			
		Firm/Company		
	20 Apalachee St			
		Address		
	Apalachicola, FL 32320			
City/State and Zip Code pridgen32320@gmail.com				2024 DEC SECRET
		to be used for future annual report notificat	tion)	ALL BEC
For further information	concerning this matter, please c	all:		AHAN ANAN 1-9
Michael A Pridgen, Jr		850 653-5563		AHII: 30 OF STATI
Name	of Person		Hephone Number	FILETICE PROPERTY OF STATE SECRETARY OF STATE TALLAHASSEE, FL
Enclosed is a check for	the 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 Certificate of Certified Cop (additional copy	Status & oy
Mailing Addre	ess:	Street Address:		

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mike's Paint & Repair Service, 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 $\frac{12/15/2003}{1}$ and assigned Florida document number _______103000052745 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 "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 r agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 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	<u>Address</u>	Type of Action	
AMBR	Patrick Millender	315 Smith St		
		Eastpoint, FL 32328	■Remove	
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be prior to date lock does not meet the applicable st	of filing or more than 90 days after fil atutory filing requirements, this c	ling.) Pursuant 19 605. late will nonbeliste	13 (3)(1 0207 (3)(1 04 as the 00
the record specifies a delayed effecti- cord is filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after	the
Dated	2024			
Muhal A	Signature of a member or authorized r	enrecentative of a mamber		
	Signature of a member of authorized r	ургезеннаціче от а пістівет		
Michael A Pridgen, Jr	Typed or printed name			

. . . .

Filing Fee: \$25.00