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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
| , , | | | |
| (Decument Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
| Special instructions to Filing Officer. | | | |
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Office Use Only



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May 8, 2018

LARRY L STEVENS 3759 GLEN CHAMBERS ROAD FLORALA, AL 36442 US

SUBJECT: LARRY L. STEVENS PAINT CONTRACTOR, LLC

Ref. Number: L03000052867

We have received your document for LARRY L. STEVENS PAINT CONTRACTOR, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 118A00009479



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LARRY L. STEVENS PAINT CONTRACTOR. | LLC. | |
|--|--|-----------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) | |
| The Articles of Organization for this Limited Liability Comp. | pany were filed on 1/1/2004 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited</u> | liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" of | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | 100 |
| Enter new mailing address, if applicable: | | HAY 2 |
| Mailing address MAY BE A POST OFFICE BOX) | | SC - |
| | | |
| | | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | 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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------------|-------------------------|----------------|
| AMBR | RENEE SUZANNE STEVENS | 3759 GLEN CHAMBERS ROAD | |
| | | FLORALA, AL 36442 | ■ Remove |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00