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FILED 851

JUL 1 4 2015

S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:E	J Larson	Panting, L ited Liability Company	<u>((* </u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	ERIC L	Name of Person		
		Firm/Company		
	2090 SW	rword lane	<u> </u>	
	Navarre,	FL 325666 City/State and Zip Code		, ny sounds
	Pattrani E-mail address: (to be used for future annual report notif	10M	HORES
For further information co	oncerning this matter, please c	all:		र्वे क
ERIC U	OUSON Person	at (850) 240 Area Code Daytime	791 Telephone Number	
Enclosed is a check for th	e 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 Co (additional cop	of Status &

MAILING ADDRESS:

17.

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 OF

Name of the Limited Liability Co. (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L4000003125</u> .	pany were filed on $1-12-2004$ and assigned
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)	27 <u>27</u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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

AMBK = A	uthorized Member		
<u>Title</u>	Name ·	Address	Type of Action
mgr	Shawn Faglie	409 Emerald Court mary Esther, F1 3256	- ZAG
			Remove
			Change
mar	Steven Rafferty	903 Larker Wood Dr Navarre FL 32566	
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an effecti	ive date is listed, the	e date must be sp	ecific and ca	ınnot be prio	r to date of fil	ling or more th	an 90 days aft	er filing.) Pursu	ant to 60	05.020
	the date inserted it's effective date of					ory filing req	uirements, th	nis date will no	ot be his	sted a.
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Filing Fee: \$25.00