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SECHE FARY LOF SHAFE ON DIVISION OF CORPORATIONS

N COOPER JUN 1 3 2018

## **COVER LETTER**

Division of Corp	orations		
SUBJECT: PERI		XINTING, LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u> </u>	ETTE WEATHERS	5
	<del></del>	Name of Person	
	PERFORM	MANCEPAINTIN	16, LLC
		Firm/Company	<del></del>
	3813-	TREASURE CIR	CCE
		Address	
	PANAMAC	CITY BEACH, F	7 32408
	timweathers_ E-mail address: (1	City/State and Zip Code  PCFOMANCE P  to be used for future annual report notifi	aintayahoo. can
For further information co	ncerning this matter, please ca	all:	
VETT	EWEATHERS	at (SSC) 596	.2336
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	• following amount:		
Enclosed is a check for the		E con	FI CO OO FILLER FOR
\$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)
			CD 4 DDDDGG

TO: Registration Section

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 **OF**

PERPORMANCET	PAINTING, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)  oility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on Z 1 2005	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ty company here:		
		. <b>D</b>	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre-	viation .L. C. S.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		## 8: 0	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the	e name of the nev	
Name of New Registered Agent:		<del></del> -	
New Registered Office Address:  Enter Florida street address			
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac	erformance of my duties, and I am fam ovided for in Chapter 605, F.S. Or, if t	tiliar with and this document is	

If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Remove
			Change
			□ Remove
			Add
			□ Remove
		<del></del>	Change
			□ Remove
			Change
			Remove
			Change

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fecti	ve date, if other than the date of filing: JUNE 5, 2018 (optional)	(05.0)
ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs If the date inserted in this block does not meet the applicable statutory filing requirements, this date will refer to the specific and cannot be prior to date of filing or more than 90 days after filing.)	ot be listed
cum	ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	he earlier
ıne	90th day after the record is filed.	
ated	Junie 5, 2018.	
	Signature of a member or authorized representative of a member  WEATHERS	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00



