Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Division of Cor		
	Fax Number	: (850)617-6383	<u></u>
From:			>
	Account Name	: LARSON ACCOUNTING AND CONSULTING SERV	ICES,ÎLC
	Account Number	: 120160000067	٠.
	Phone	: (407)370-3686 p	
	Fax Number		-
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Catan :	kha amail addnas	s for this business entity to be used fo	r future
ann	iuaļ report maili	ngs. Enter only one email address please	٠.٠٠
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Electronic Filing Menu

Corporate Filing Menu

Help

OCT JO 2017

COVER LETTER

TO: R	egistration Selvision of Cor	ection parations				
SUBJECT		INTING LLC				
30 Wile I	•		Name of Lin	nited Liability Comp	any	
The enclos	ed Anicles of	Amendment and	d fee(s) are sub	omitted for filing.		
Plcase retu	m all correspo	ndence concern	ing this matter	to the following:		
		MARCELL	A BORDIGNO	ON	.	
			••	Name of Per	Son	
		LARSON A	CCOUNTING	6 & CONSULTIN	G SERVICES L	LC
				Firm/Compu	ny	
		7901 KING	SPOINTE PK	WY SUITE 17		
			•	Address		
		ORLANDO	FL 32819			
				City/State and Zi	Code	
			@LARSONAC			<u> </u>
For further	information o	oncerning this m		to be used for future	annual report noti	fication)
			initer, preside es			
MARCEL	LA BORDIGN			407 at (370-3686)	
	Name o	f Person		Area Co	de Dayiim	e Telephone Number
Enclosed is	a check for th	e following amo	Sunt:		••	
\$25.00	Filing Fcc	□ \$30.00 Fii Centifica	ing Fee & le of Status	S55.00 Filin Certified C (additional co	-	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS ation Section n of Comoration ox 6327 ssee, FL 32314		Re Di Cl 26	TREET/COURI gistration Section vision of Corpor ifton Building 61 Executive Ce llahassee, FL 32	ations enter Circle

From Larson Accounting 1.321.888.4919 Fri Oct 27 10:46:45 2017 MDT Page 5 of 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TRUST PAINTING LLC			,
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on our re i Liability Company)	cords.)
The Articles of Organization for this Limited I	Liability Compan	y were filed on 05/26/2005	and assigned
Fiorida document number L05000052736	·	t)	
This amendment is submitted to amend the fol	lowing:		
1. If amending name, enter the new name	of the limited Ha	bility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited List	pility Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		-
Enter new mailing address, if applicable:		N/A S	
Mailing address MAY BE A POST OFFICE	E BOX)	··	
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the no
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street ac	ddress
			, Florida
		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 fille, name, and address of each person being added or removed from our records:

MGR =	Manager		
AMBR =	Authorized	Men	abei

Title	<u>Name</u>	<u>Address</u>	Type of Action
мотм	CARTAXO	Y 1068 WICKERWOOD ST	
		OCOEE, FL 34761	
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Page 3 of 3

Filing Fee: \$25.00