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COVER LETTER

TO:

FO:	Registration Sec Division of Corp			
21122122	-vega		Frim. L.L.C.	
SUBJEC	.1:		ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		Rick Walters		
			Name of Person	
		Rick Walters Paint &	E Trim, L.L.C.	
			Firm/Company	
		16932 Helen K. Dr.		
			Address	
		Spring Hill, FL 346	10	
			City/State and Zip Code	
		• •		itlication)
For furth	ner information ec	oncerning this matter, please co	ill:	
Rick	Walters		352 279-7440	
	Name of	Rick Walters Paint & Trim. L.L.C. Firm*Company 16932 Helen K. Dr. Address Spring Hill, FL, 34610 Gity/State and Zip Code jerrywaltersconstructionine@gmail.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: alters 352 279-7440 at (
Enclosed	I is a check for th	e following amount:		
■ \$25.	.00 Filing Fee		Certified Copy	Certificate of Status &
	Mailing Address			
	_			
	P.O. Box 632	-	The Centre of	Tallahassee
	Tallahassee, I	EL 32314	2415 N. Monro Tallahassee, Fl	be Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rick Walters Paint	& Trim, L.L.C.	î,	1.0
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears da Limited Liability Company)	on our records.)	12 7 12: 37
The Articles of Organization for this Limited Liability (Florida document numberL05000114463	Company were filed on No.	ov. 23. 2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ords, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	· · · · · · · · · · · · · · · · · · ·
	Ciţv		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 Pérson(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>	Address	Type of Action
Officer	Joel Hoogewind	10001 US Hwy 98 Dade City, FL 33525	= Add
			□Remove
			□Change
			□Add
			□Remove
		···········	Change
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