L06000048476

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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SEGNATARY OF STATE
SEGNATIONSSEE, FLORIDA

COVER LETTER

TO: Registration ! Division of Co						
SUBJECT: Morlan Services L.L.C.						
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	•	Aron Morlan	-			
		Name of Person				
	М	orlan Services L.L.C.				
		Firm/Company				
	137	70 NW Britt Rd. Lot #4				
Address Stuart, FL 34994						
	E-mail address: (to	RLANC YAHOC be used for future annual report not	O-COM (fication)			
For further information	concerning this matter, please ca	all:				
Aron Morlan		at (_772_)	486-8665 ne Telephone Number			
Name	of rerson	Area Code & Dayur	ne Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

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

FILED 10 AUG -2 AM 10: 11

Zip Code

. Maylen Can	des II O	SECRETARY TALLAHACE	Y OF STATE			
Morlan Ser (Name of the Limited Liability Compa			TOF STATE EE. FLORIDA			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company	were filed on05/	10/2006	and assigned			
Florida document number L06000048476						
	-					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
Aron's Painti						
The new name must be distinguishable and end with the words "Limi "L.L.C."		designation "LL	C" or the abbreviation			
Enter new principal offices address, if applicable:	1370 N.W. Britt Rd.	Lot # 4				
(Principal office address MUST BE A STREET ADDRESS)	Stuart, FL 34994					
F-4	4070 NI W D.:	1 - 4 - 4 - 4				
Enter new mailing address, if applicable:	1370 N.W. Britt Rd. Lot # 4					
(Mailing address MAY BE A POST OFFICE BOX)	Stuart, FL 34994					
	·	•				
B. If amending the registered agent and/or registered of	fice address on our reco	ords, enter the	e name of the new			
registered agent and/or the new registered office address her	:					
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Flori	ida street addre	ess .			
		, Florida				

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Manager = Managing Me	mber		
<u>Title</u>	<u>Name</u>	•	Address	Type of Action
-	_			Add Remove
	<u> </u>			Add Remove
	_			Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If ar	nending any othe	r information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	-1.: .
	•	-		FILED 10 AUG -2 AM SEPRETARY OF
Dated _	7/29/10			AN IO: 11 OF STATE
Daled _		Signature of a member	r or authorized representative of a member	
		Typed	Aron Morlan or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00