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## **COVER LETTER**

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TO:

Registration Section
Division of Corporations

SUBJECT: Gryboski Painting Services ((C) Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEVEN J Grybosti Name of Person
Grybosti painting Services LCC
9843 Se 64Th AUF  Address
City/State and Zip Code  City/State and Zip Code  Set The Duce Of Gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEVEN J Gryboski at (STR) 857-6514  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grybosti Painting Services (10

(Name of the Limited	A Florida Limited Liz	y as it now appears on ability Company)	<u>(our records.</u> )		
The Articles of Organization for this Limited Lial Florida document number 406000 F		vere filed on	161/2001	and assig	ned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liabili	ity company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the design	nation "LLC" or the a	bbreviation "L.L.	C."
Enter new principal offices address, if applical	ble:	9843 6 Dellevia	4Th AVA	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)	Drillevin	ew FC	34420	<u>)</u>
Enter new mailing address, if applicable:				262	
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		•		
B. If amending the registered agent and/or reg	pistered office ac	ldress on our reco	rds, enter the nan	77	registered
agent and/or the new registered office address				25 25 10	
Name of New Registered Agent:	Laura	LYNN	Grybost	<i>i</i>	
New Registered Office Address:	9843	4Th AUE Enter Florida:	street address		<del></del>
	Bellev	icw F L	, Florida _	7 4420 Zip Code	
N D 14 JA 14 Ginnan Galeria D		•		•	

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.

f 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMDR	Laura Lynn Grybosti	9847 se 6474	□Add
		9847 se 64Th Belleview +( 34420	□Remove
			□Change
<del></del>			□Add
			□Remove
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet t	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the applicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's	
cord specifies a delayed effective date, but not an ef is filed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
$100 \cdot \frac{1}{2} \cdot \frac{1}{4} \cdot \frac{1}{2} $	023.
sted 05/23/4, 2  Steven & Suffer. Signature of a member	er or authorized representative of a member

Filing Fee: \$25.00