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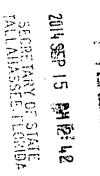
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## **COVER LETTER**

Division of Corporations
SUBJECT: DEFFREY MAYE "LL"
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:
Jeffrey Maye Name of Person
Name of Person
J.M. Payling & Pressure Lashing
2327 Cardover Blud
Address
Spring Hill, Fl. 34608  City/State and Zin Code
City/State and Zip Code
Nadic 214200 Yahos. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JEFFEY Maye at (352) 345-9484
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$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

Name of the Limited Liability Company	ny se it now annears on our records )
Name of the Limited Liability Compar (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L07000122293</u> .	
This amendment is submitted to amend the following:	MALLON SECOND
A. If amending name, enter the new name of the limited liabi	lity company here:
J. M. Painting 4 Pressure Washing. The new name must be distinguishable and end with the words "Limited Liabi	"ecc" (6) 177
The new name must be distinguishable and end with the words "Limited Liabi	The second secon
Enter new principal offices address, if applicable:	2327 Landover Blag 19
(Principal office address MUST BE A STREET ADDRESS)	Spring H.11, Fl. 34608 10
	(Sanc)
Enter new mailing address, if applicable:	2327 Cardover Blud.
(Mailing address MAY BE A POST OFFICE BOX)	Some Hill, F1. 34608
	(Sanc)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
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 agre	ee to act in this capacity. I further agree to comply with the

//./†.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			☐ Remove
			TE AHASIAS
			2014 SEP 14 Propi 42  SECRETARY OF GIATE FALL AHASSEE, FEBRIOA
			NUE 42
			Add
			□ Remove
			□ Add
			□ Remove
			□ Add
			Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	<i>1.)</i>
<u></u>	
	<del></del>
Effective date, if other than the date of filing:(optional)	
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	
the date this document is filed by the Florida Department of State)	
Dated September 10th, 2014.	- 1
$\sim$ 11 $\sim$ 11	
Signature of a member or authorized representative of a member	ZULSE
Total and the second se	# <del>0</del>
Teffrey Maye Typed or printed name of signee	<u>%</u> _ ഗ
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Filing Fee: \$25.00