## 000093800 Division of Corporations

Page 1 of 1

### Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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.

(((H13000189873 3)))



H130001898733ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

: (608)827-5300 Phone Fax Number : (608)827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: pfshade@comcast.net

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRADE WINDS CONSULTING GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Callega ့ဝ (C)

Electronic Filing Menu

Corporate Filing Menu

Help

# Fax Audit: H130001898733

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited I	lability Company as it now appears on our records.)
(A F	lorida Limited Liability Company)
The Articles of Organization for this Limited Lial	bility Company were filed on 9/13/2007 and assigned
Florida document number L07000093800	
Florida document humber 107000035000	·
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
Paint.com LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	·
Mailing address MAY BE A POST OFFICE B	OX)
•	
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	**************************************
	1
New Registered Office Address:	Enter Florida street address
	S 2 5 6 10 10 10 10 10 10 10 10 10 10 10 10 10
New Registered Agent's Signature, if changing Re	
I hereby accept the appointment as revistered	agent and agree to act in this capacity. I further agree is comply with
the provisions of all statutes relative to the pro	oper and complete performance of my duties, and I am familiar with and
	tered agent as provided for in Chapter 608, F.S. Or, if this document is
being filea to merely reflect a change in the re company has been notified in writing of this c	egistered office address, I hereby confirm that the limited liability hange.

Fax Audit: H130001898733

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

## Fax Audit: H13000 1898733

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:

MCR = Ma MCRM = N	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			_C Add _D Remove
			_C Add _C Remove
			Add Remove 
			[] Add [] Remove 
			Add Remove
  		nge(s) here: (Attach additional sheets, if necessary.)	13 AUG 26 AM 9: 06 SECRE JAKT OF STATE JALL AHASSEF, FLORIDA
	Signature of a member	our or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00

Fax Audit: H130001898733