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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	G PAINT	ited Liability Company	vice L	LC.	
	(Manie of Fill)	med Madriny Company	,		
The enclosed Articles of Ame	ndment and fee(s) are sub	omitted for filing.			
Please return all corresponder	•	_			
_	Michae	1 3 1.	Bennet	<u> </u>	
<u>1</u>	noe P	Ainting	Service	140	
(121 Ger	(Firm/Company)		17	~
	3+ Auru	Stine F	1 3	208 LECRETA LLAHAS	700 FEB 29
		(City/State and Zip Code	;)	OF S	
For further information conce	ming this matter, please c		0624	PRIDE OF D	;)
Michael	1 Jenne 11	at (904)	1916	1.15	-
(Name of Per	son)	(Area Co	ode & Daytime Tele	ephone Number)	
Enclosed is a check for the fol	lowing amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy	_	\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is	
Registration	Corporations 27	Registr Divisio Clifton	ET/COURIER A ation Section on of Corporations Building xecutive Center O	5	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOE Pain	iting Service	- 2LC			
(Name of the Limited Li (A F)	ability Company as it now appears of lorida Limited Liability Company)	n our records.)			
The Articles of Organization for this Limited Liab		-26-2008 _{an}	d assigned		
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	ne limited liability company here:				
The new name must be distinguishable and end with the "L.L.C." B. If amending the registered agent and/or		2008 SECR TALLA			
registered agent and/or the new registered offic		329 P ARY OF S SSEE. FLI	Ē		
Name of New Registered Agent:		77 F. 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<u> </u>		
New Registered Office Address:	(Enter	(Enter Florida street address)			
	(2	, Florida			
·	(City)		Code)		
New Registered Agent's Signature, if changing Reg	istered Agent:				
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and complete performance of r red agent as provided for in Chap ristered office address, I hereby co	my duties, and I am fam ter 608, F.S. Or, if this c	iliar with and document is		

(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:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Address</u> **Title** Name Frankie Dobbs Harvaro st MGR ∏Add ☐ Remove Add Remove □Add Remove □Add Remove ∃Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. 2-26-2008 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00