~ L08000016467

(R	equestor's Name)			
(A	ddress)			
(Address)				
(C	ity/State/Zip/Phone #)			
		—		
☐ PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
		•		
(D	ocument Number)			
Certified Copies	Certificates of S	Status		
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1000 MAY -8 P 12: 31
SECRETARY OF STATE
ALLAHASSEE

COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT: North	(Name of Limited Liability Company)	
The enclosed Articles of Art	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
	JiN Chen	-
	JIN Chen (Name of Person) JIN chen CPA P. A. HARTAR) (Firm/Company).	ח
	(Firm/Company). 18017 Wynthorne DR. (Address)	
	18017 Wynthorne DR. (Address) Tampa, IL 33647 (City/State and Zip Code)	
	cerning this matter, please call: Chen at (813) 994-8499	
·	(Wed Code & Baytime Felephone Name)	
Enclosed is a check for the f	following amount: \$\ \begin{align*} \\$30.00 Filing Fee &)

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

Northeast Pain	ting and	Decorating,	LLC	
Northeast Pain (Name of the Limited Lia (A Flo	bility Company as i rida Limited Liabilit	now appears on our of Company)	records.)	
The Articles of Organization for this Limited Liabil				assigned
Florida document number <u>L080000 16</u>	460		7≅	= 11
Florida document number	101 .		TAR	I G B - M
Cl. 1			m.~ √m<	[∞] iπ
This amendment is submitted to amend the following	ig;		77	ם –
			, OR TA	10
A. If amending name, enter the new name of the	limited liability c	ompany here:	등	w
(N/	(A)		15	
The new name must be distinguishable and end with the L.L.C."	e words "Limited Lia	bility Company," the d	esignation "LL	C" or the abbreviation
L.L.C.				
3. If amending the registered agent and/or r		ddress on our reco	rds, <u>enter the</u>	name of the ne
registered agent and/or the new registered office	address here:			
		CAL (0)		
Name of New Registered Agent:		(70 /A /		<u> </u>
New Registered Office Address:	(N/A)			
How Registered Office / Address.	(N/A) (N/A) (Enter Florida street address)			25S)
	, Florida(City) (Zip Coo			
-	(Cit	·)	1 101144	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:			
Terr Registered Preprint & Significant of the Country of the	Stor but Tradition			
hereby accept the appointment as registered ag	ent and agree to a	act in this capacity. I	further agree	e to comply with
he provisions of all statutes relative to the prope				
accept the obligations of my position as registere				
peing filed to merely reflect a change in the regi		ss, I hereby confirm	that the limit	ed liability
ompany has been notified in writing of this cha	nge.	-		
	(If Changing l	Registered Agent, Signate	ure of New Regis	stered Agent)

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

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>mgra</u>	Liu, Wei	8412 Sheldon Road Tampa, FL 33612	Add
NGRM	Liu, Xiaoping	84/2 Shedon Road Tampa, FL 336/2	Add Remove
	<u> </u>		Add Remove
	·		ARE NAY
		-	ASSEMAND 12:
			Add — Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessar	<u>. </u>
. —			<u> </u>
Dated	Signature of a r	nember or authorized representative of a member	<u> </u>
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00