L080000 42521

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ment Number)	:
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



200249306362

07/05/13--01005--013 **25.00

2013 JUL - 5 PH 2: 01

U8,42527

JUL - 8 2013 T CLINE

COVER LETTER

TO: Registration Sectorial Division of Corp		•		
SUBJECT:	Painting 5	d Velo LC		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	·	
Please return all correspond	dence concerning this matter	to the following:		
	Pierre.	Saudreault Name of Person	,	
	A- 1 Pain	ting of Vero- J	LLC_	
	1855 3	Address	·	
	Vero &	_	-962	
	Joel A- E-mail address: (i	City/State and Zip Code Paut © G be used for future annual report notificati	mail com	
For further information cor	ncerning this matter, please ca	all:	ئارىمىيىنى	F)
Carol Sandre		at (<u>772)</u> 205-8 L Area Code & Daytime Te		
Name of F	rerson	Area Code & Daytime Te	dephone Number	<u>ن</u> ان
Enclosed is a check for the	following amount:		. Ago	P
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee,	<u>O</u>

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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 608, 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			
		·	Add
			Remove
			5
			Remove
			Add
			Remove
			Add
			Remove

If any	entiling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	x Pure of wedvent
	Signature of a member or authorized representative of a member Pierre GAUDREAULT
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00