*110000039113

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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TALLAHASSEE, FLORING

K. SALY
EXAMINER
MAY - 6 2015

COVER LETTER

| Division of Corp | orations | | |
|-----------------------------|---|---|--|
| SUBJECT: Ch | ades Painting | and Repair, LL | <u> </u> |
| | Name of Limit | ted Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are subm | nitted for filing. | |
| Please return all correspon | dence concerning this matter t | o the following: | |
| | | | |
| | Frederi | Name of Person | ~ 0 |
| | | Name of Person | |
| | Chad's Pa | rinting and Regar | m, LLC |
| | 277 Ave | Address | |
| | | | |
| | A palach | City/State and Zip Code | 20 |
| | | | |
| | E-mail address: (to | o be used for future annual report notific | cation) |
| For further information con | ncerning this matter, please cal | II: | |
| Frederick | C. Kembro | at (<u>850</u>) <u>653</u> Area Code Daytime | -5309 |
| Name of I | Person | Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for the | following amount: | | |
| \$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, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section.

TO:

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

| FILE | <i>r</i> ~, |
|-------------------|-------------|
| COLD APP 20 | |
| TALLAHASSEE FLORE | :27 |
| SEE. FLORING | E. |

| Chad's Painting a | ny as it now appears on our records.) Liability Company) |
|--|---|
| (Name of the Limited Liability Compa (A Florida Limited) | inv as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document numberL\0000039113 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1500 tinder Rued |
| (Principal office address MUST BE A STREET ADDRESS) | Apotechicato |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Apalachicola, FL 32320 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zin Code |

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 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

| If amend | ling Authorized Person(s) authorized to m red from our records: | anage, enter the | title, name, and address of each | person being added |
|--------------|--|--|----------------------------------|--------------------|
| MGR'= | Manager Authorized Member | | 2015 APR 28 PM 5: 27 | |
| <u>Title</u> | <u>Name</u> | Address | SLUME IARY OF STATE | Type of Action |
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| ctive date, if o | ther than the date | of filing: | | | (optio | nal) |
| effective date is list: If the date ins | sted, the date must be spe serted in this block do | eific and canno es not meet th | t be prior to date one applicable sta | of filing or more the tutory filing rec | han 90 days after t Juirements, this | filing.) Pursuant to 605.0 date will not be listed |
| ment's effective | e date on the Departm | ent of State's | records. | | | |
| | | | | <i>cc</i> | 1.12.01 = | معالم معالم معالم |
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Filing Fee: \$25.00