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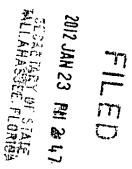
EXAMINER

Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations |
|--------------|---|
| SUBJI | CT: YEB Painting Services LLC Name of Limited Liability Company |
| • | losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: |
| | Barbara 2. Corcia Name of Person |
| | YEB Painting Services LLC Firm Company |
| | 1.7752 Sw 152 nd 07. |
| | Miumi FL 33187 ST City/State and Zip Code |
| | Yosva 76 @ hotmail. Com E-mail address: (to be used for future annual report notification) |
| For fu | her information concerning this matter, please call: |
| Ţ | Name of Person at (786) 308 8691 Area Code & Daytime Telephone Number |
| Enclos | d is a check for the following amount: |
| \$2 2 | 00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$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 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

| Y & B Painting S | Dervices LLC | | |
|--|--|-------------------|--|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) | | |
| The Articles of Organization for this Limited Liability Company | were filed on 5 /14/ 2010 | and assigned | |
| Florida document number <u>L100000 52367</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | | |
| | 3 | 2 | |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ted Liability Company," the designation "ELC" | "The abbreviation | |
| Enter new principal offices address, if applicable: | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 23 - | |
| (Principal office address MUST BE A STREET ADDRESS) | ੂੰ ਜ਼ਿਲ੍ਹਾ ਜ਼ਿਲ੍ਹਾ | | |
| | 70, E | S O | |
| | | 47 | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | ····· | | |
| | | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | Florida, Florida | | |
| | City 2 | Zip 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 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

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 **Title** Name 1 <u>Address</u> **Type of Action** MGR Barbara 2. Courcia

MGRM Yosuanys E. Courcia Remove Miami Florida *3*3/87 Add Remove FLOSIDA Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated January Signature of a member or authorized representative of a member

2. Costain.
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00