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TALLAHASSEE, FLORIDA

MAY 0.9 2019 CHROEDER

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	aul's Trim	MONLUC ited Liability Company	
	Name of Lim	ней ілаонну Сопірану	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
•	James	Name of Person	
	0	Firm/Company	
t v	- MY RIA	GERUAD At FL. 32328	
lo.	E-mail address: (City/State and Zip Code Hie a yanw.com to be used for future annual report note	lication)
For further information ec	oncerning this matter, please co	ail:	
Name of	'Person	at ()	e Telephone Number
Enclosed is a check for th	e 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)
	NG ADDRESS:	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Ei G Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	iny ay it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company lorida document number	were filed on <u>6 1910</u>	and assigne	ed
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab Paul'S Duality Com the new name must be distinguishable and contain the words "I mited Liabil	STRUCTION LLC	obreviation "L.L.C.	,.
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
	-		-
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		the name of t	19
Name of New Registered Agent:		经 完	APR
New Registered Office Address:		SSE CONT	29
	Enter Florida street address	:' <u>'C</u> n_:'	≥
	, Florida		<u>\o</u>
	Cuy	Zip Code: In	26
ew Registered Agent's Signature, if changing Registered Agent:		٠.; ٠	

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 L of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager Authorized Member		
Title	Name	Address	Type of Action
•			Add
			Remove
:			□ Change
2			
1			☐ Remove
•			□ Change
			□ Add
			☐ Remove
			□ Change
			Add ASS 19
;			Add ALLAHASSET
			Removes SSTORY PR 29 Change of the Change of
			Change or AM 9: 26
			Bemove
			Change
			
			Remove
			5 0

tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed)207 (3)(h) d as the
	r of:
April 25, 2019 X -fens E. Cal III	APR 29
Signature of a member or authorized representative of a member Tames Paul	W 9:26
) }	e date, if other than the date of filing:

Page 3 of 3

Filing Fee: \$25.00