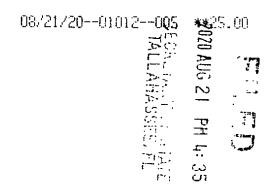
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	(Requestor's Name)	
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## **COVER LETTER**

Painite Ser	vices Global LLC				
оваест.	Name of Lin	nited Liability Company			
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
lease return all correspo	ondence concerning this matter	to the following:			
	Elana Greenway Faniel				
		Name of Person			
	Greenway Law Firm, P.A.				
		Firm/Company			
	501 East Kennedy Bouleve	eard, Suite 1400			
		Address			
	Tampa, FL 33602				
		City/State and Zip Code			
	elana@greenwayfirm.com	to be used for future annual report noti	fication)		
or further information of	concerning this matter, please c	•	neation		
Elana Greenway Faniel		813 607-6060 at ( )			
Name o	of Person	Area Code Daytime	e Telephone Number	2020 AUG 2	
inclosed is a check for the	he following amount:			ີ. ເກົາ	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &=	こ

ΓO:

Registration Section **Division of Corporations** 

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

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Painite Services Global LLC

(Name of the Limited Liability (A Florida	Company as it now appears ( Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/18	8/2011 and assigned
Florida document number L11000006758	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here	<u>e</u> :
N/A		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
• • •	mailing address, if applicable:    M/A	
- The part of the man end of the Transfer of the second of		
		يهودو الأنجاب المراقيق
3	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
gent and/or the new registered office address here:	office address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floride	a street address
		ter Florida street address , Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent as rovisions of all statutes relative to the proper and concept the obligations of my position as registered ageing filed to merely reflect a change in the registered ampany has been notified in writing of this change.	mplete performance of m ent as provided for in Chi	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Change
		<del></del>	□ Add
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	Sign	ature of a m	nember or a	uthorized	represen	tative of	member		<u> </u>		

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