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(Red	uestor's Name)			
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(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(DOC	ument Number)			
Certified Copies	Certificates	s of Status		
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SECRETARY OF STATE
AND SECRETARY OF STATE

T HAMPTON

- i 2011

EXAMINER

COVER LETTER

TO:	Registration Secti Division of Corpo						
SUBJECT: Clean S			art Painting LLC				
			ited Liability Company				
The en	closed Articles of Ar	mendment and fee(s) are sul	omitted for filing.				
Please	return all correspond	lence concerning this matter	to the following:				
	Eros R Pella						
Name of Person							
			Firm/Company	·			
	1700 Woodlawn Rd Lot No. 6						
	Address						
		Saint	Augustine Florida 32084				
			City/State and Zip Code				
erosrpella@yahoo.com E-mail address: (to be used for future annual report notification)							
For fur	ther information con-	cerning this matter, please of	•	canony			
		s R Pella	WE (955-5488			
	Name of Pe	erson	Area Code & Daytime	e Telephone Number			
Enclose	ed is a check for the t	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		STREET/COURING Registration Section	•				

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

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CLEAN (Name of the Limite	START PAINT	TING LLC	SECRETARY s on order or see	OF STATE E. FLORIDA	
(Name of the Limite	A-Florida Limited I	Liability Company)	S OII OUIMELUNES)		
The Articles of Organization for this Limited I. Florida document numberL1100012	iability Company		40.000.004.4		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :		
	N/A	\			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if appli	N/A				
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				
					
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)	***************************************			
B. If amending the registered agent and			ur records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered o	ffice address her	<u>re</u> :			
Name of New Registered Agent:	N/A		·		
New Registered Office Address:					
		Enter Florida street address			
			, Florida		
		City		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 **Address Type of Action** MGR Eros R Pella 1700 Woodlawn Rd **✓** Add Remove Lot No. 6 Saint Augustine Florida 32084 US Remove ☐ Add ☐ Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) None Dated October 27, 2611. Eros R Pz Ucc Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Eros R Pella

Filing Fee: \$25.00