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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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D. BRUCE
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EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|-----------------------------------|--|--|---------------------|------------|--------|
| SUBJECT: | westblad | ckgoldpaint LLC | | | |
| | Name of Lim | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | of Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corresp | oondence concerning this matte | r to the following: | | | |
| | | Rodrigo Rosa | | | |
| | | Name of Person | | | |
| • | w | estblackgoldpaint LLC | | | |
| | | Firm/Company | | | |
| | 58 | 81 town bay dr apt 936 | · | • | |
| | | Address | | | |
| | { | Boca Raton FL 33486 | | | |
| | | City/State and Zip Code | | w1.5 | |
| | westb | lackgoldpaint@gmail.com to be used for future annual report noti | fication) | 元 | |
| For further information | concerning this matter, please | • | nounding | AH JAN | 77 |
| 1 of furtier information | concerning uns matter, prease (| A11. | | IAN -9 | - |
| | Rodrigo Rosa | at (_561) | 756-4499 | | П |
| Name | of Person | Area Code & Daytin | ne Telephone Number | 21/4/5 | \Box |
| Enclosed is a check for | the following amount: | | | > \ | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed | | f Status & | |
| | | • | | | |

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

| westbl | ackgildpaint LLC | | |
|---|--|---|------------------------|
| (Name of the Limited Liability (A Florida I | ' Company as it now ap Limited Liability Compar | oears on our records.) | |
| The Articles of Organization for this Limited Liability C | ompany were filed on | November 09,2011 | and assigned |
| Florida document number L11000127489 | <u></u> . | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ited liability company | <u>here</u> : | |
| westbla | ackgoldpaint LLC | | |
| The new name must be distinguishable and end with the wor "L.L.C." | ds "Limited Liability Co | mpany," the designation "LL | C" or the abbreviation |
| Enter new principal offices address, if applicable: | ************************************** | *************************************** | |
| (Principal office address MUST BE A STREET ADDR | (ESS) | | |
| | | | 2 2 |
| • | | | |
| Enter new mailing address, if applicable: | <u> </u> | | SSTOP |
| (Mailing address MAY BE A POST OFFICE BOX) | **** | | me 3 M |
| | | | <u> </u> |
| . | | | <u> </u> |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | | n our records, <u>enter the</u> | name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | | Enter Florida street addre | SS |
| | | , 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| | <u>Name</u> | Address | Type of Action |
|---|---|---|---------------------|
| | - 1 | | Add Remove |
| | | | Add Remove |
| | - MI | | Add Remove |
| ·· | | | Add Remove |
| ···· | | | AddRemove |
| | | | AddRemove |
| If amen | ding any other information, ente | r change(s) here: (Attach additional shee | ets, if necessary.) |
| | | | |
| *************************************** | | | 12 JAN |

Page 2 of 2

Filing Fee: \$25.00