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(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER ,

TO: Registration Se Division of Cor			
SUBJECT:	A. Baker Pa	ainting, LLC	
SUBJECT:	Name of Limit	 	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ar	ndrew Baker	
		Name of Person	
	A. Bal	cer Painting, LLC	
		Firm/Company	
	231 F	Palmetto Avenue	
		Address	
	Nice	ville, FL 32578	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notificat	ion)
For further information of	concerning this matter, please c	all:	
Andrew	Baker	_{at (} 850 ₎ 461-338	2
Name o	of Person	Area Code & Daytime To	elephone Number
Enclosed is a check for t	he 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 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

FILED 2013 OCT 18 PH 12: 53

SECRETARY OF STATE TALLABASSEE, FLORIDA

A. Baker Paint (Name of the Limited Liability Compa (A Florida Limited)		<u>r)</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000120000</u> .	were filed on February 25, 20	and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liab	bility company here:	
n/a		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	n/a	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	n/a	
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		iter the name of the new
Name of New Registered Agent:	······································	
New Registered Office Address:	Enter Florida stree	at addraga
	, Florid City	la 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 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>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dwight Harbin	231 Palmetto Ave	Add
		Niceville, FL 32578	Remove
			Add
			Remove
			Add
			Remove
			L Add
			Remove
			Remove
			Add
			Remove

 If amending any other information, enter change(s) he 	ere: (Attach additional sheets, if necessary.)
Sontombor 25th 2012	
September 25th 2013	
Signature of a member or auth	horized representative of a member
Andrew Bake	er
Typed or prin	ted name of signee

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Filing Fee: \$25.00

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