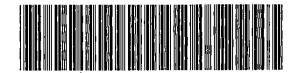
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K. SALY EXAMINER

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COVER LETTER

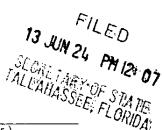
TO: Registration Section **Division of Corporations** SUBJECT: ABOVE PAINT LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for Please return all correspondence concerning this matter to: JACINTO CORREA (Contact Person) ABOVE PAINT LLC (Firm/Company) 8423 DUSKIN CT (Address) JACKSONVILLE, FL 32216 (City/State and Zip Code) For further information concerning this matter, please call: ROBERTO GONZALEZ at (904 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee □ \$55 Filing Fee &. Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

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

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

CR2E079 (5/06)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ABOVE PAINT LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	hility Company w	ere filed on 12/24/	2012	and assigned
Florida document number L12000159974	Learning Company w	re med on		and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," t	he designation "LLC	" or the abbreviation
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	- B OX)			
B. If amending the registered agent and/o registered agent and/or the new registered off		e address on our r	ecords, enter the	name of the new
Name of New Registered Agent:	TAXSMART	ACCOUNTIN	G SERVICES	CORP
New Registered Office Address:	6653 POWE	RS AVN STE	241	
		Enter Fl	orida street addres.	5
	JACKSONV	ILLE, FL	, Florida 3221	17
	•	City	2	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regist being filed to merely reflect a change in the re	oper and complet tered agent as pro	e performance of my vided for in Chapte	v duties, and I am j r 608, F.S. Or, if to	familiar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JAVIER A. CORREA	8423 DUSKIN CT	Add
		JACKSONVILLE, FL	Remove
		32277	
MGRM	FRANCISCO ANDINO	4887 TOPROYAL LN	Add
		JACKSONVILLE, FL	Remove
		32277	
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

Ifaı	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ıted	06-20 , 2013.
_	\mathcal{M}
	Signature of a member or authorized representative of a member
	JACINTO CORREA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00