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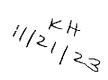
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299 North Orlando Avenue • Cocoa Beach, Flonda 32931 Phone 321,799,4777 • Fax 321,735,0711

IASON M GORDON
Admitted in FL, NY & CT
jgordon@brevardlegat.com

AARON THALWITZER Admitted in FL, D.C. aaron@brevardlegal.com

November 7, 2023

VIA U.S. MAIL TO:

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Articles of Amendment

To Whom It May Concern:

Enclosed please find the following:

- 1. Application for Articles of Amendment for Flawless Finish, LLC and Check No. 23618
- 2. Application for Articles of Amendment for Tripp Enterprises, LLC and Check No. 23619

Should you have any questions, or require additional information, please do not hesitate to contact my office.

Sincerely,

Kaelyn F. Barbour, Esq.

Kopy by

KB/nc Encl.

COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|--|---|--|
| | ESS FINISH, LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sul | omitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | ADAM TRIPP | | |
| | | Name of Person | |
| | FLAWLESS FINISH, LL | c | |
| | | Firm/Company | |
| | 4205 N. COURTENAY P | ARKWAY | |
| | | Address | · |
| | MERRITT ISLAND, FL | 2953 | |
| | | City/State and Zip Code | |
| | ADAM@FLAWLESSFIN | SHMARINE.COM to be used for future annual report notif | land and |
| lier further information | concerning this matter, please e | · | ication |
| | concerning this matter, please c | uii, | 202 SE T |
| JASON GORDON | | 321 799-4777 at () | |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for | the following amount: | | 日 \$60.00 Filing Fee. 59 |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1 awless Fir | iability Compan | v as it now appea | ary on our records.) | | |
|---|----------------------------|-------------------|-------------------------------------|------------------|------------|
| (Name of the Limited I. (A.F. | Torida Limited Lia | ability Company) | | | |
| The Articles of Organization for this Limited Liabil Florida document number <u>L\3000\\63</u> 2 | | vere filed on _ | 8/16/2013 | and a | ssigned |
| This amendment is submitted to amend the following | ng: | | | | |
| A. If amending name, enter the new name of the | e limited l <u>ja</u> bili | ity company h | iere: | | |
| The new name must be distinguishable and contain the words | "Limited Liabilit | y Company," the | designation "LLC" or the | abbreviation " | 11C." |
| Enter new principal offices address, if applicable | e: | 4205 | N. Courtenay Island, FL | 8 Parl | way |
| (Principal office address MUST BE A STREET A | DDRESS) | Mierritt | Island, FL | 32957 | 3 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | | 4205 MeVit | N. Courteray Island, FI | Parku 3295 | 2 2 |
| B. If amending the registered agent and/or regis | | ldress on our | records, <u>enter the na</u> | me of the n | registered |
| Name of New Registered Agent: | Adam | Tripp |) | Care tone | P 5 |
| New Registered Office Address: | 1205 N | | ay Pav Lway orida street address | 11160 | |
| $ar{\omega}$ | verritt 1 | sland City | , Florida | 32453 Zip Cod | л 0 |
| | | | | | |

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 605, 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 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 Title Name **Address Type of Action** Down L. Tripp 3340 N. Carteray Parkway
Merritt Kland, FL 32953 MGRM □Change ____ □ Add □Remove ☐ Change Remove \Box Add

_____ Remove

| | | | | | <u> </u> | | | |
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| m effective date is ote: If the date i | other than the d listed, the date must nserted in this bloo we date on the Dep | be specific and ck does not n | I cannot be prioneet the appl | icable statuto | | | ial) ling.) Pursu | ant to 605.02 |
| record specifies a is filed. | delayed effective | date, but not | an effective | time, at 12:0 | l a.m. on the | earlier of: (b) | The 90th | day after the |
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