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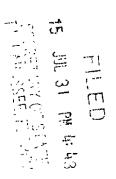
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AUG 03 2015 S. YOUNG

TO: Registration Sec Division of Corp		; 4 °		
SUBJECT:	lue Paintin	ited Liability Company		
	Amendment and fee(s) are subsidence concerning this matter	_		
	NAWC	Name of Person		
	Blue Pain-	Firm/Company		
	Bonitas	Address Orings 7. City/State and Zip Code	34135	海海 五二四日
	E-mail address (1	o be used for future annual report noti	fication)	31 温 # 5
For further information co	ncerning this matter, please ca	at (234) 293	-9656 e Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filir Certificate	ng Fee, of Status &

COVER LETTER

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

TU ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Blue Wave Painting LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Same	Blue Paintina	LLC		
Chrida document number 13000123360. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bloe Wave Painting LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the nate registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Lip Code Zip Code	(Name of the Limited Liability Com (A Florida Limite	pany as it now appear d Liability Company)	s on our records.	
A. If amending name, enter the new name of the limited liability company here: Blue Wave Painting LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Tip Code	The Articles of Organization for this Limited Liability Compar	ny were filed on	8/30/2	and assigned
Blue Wave Painting LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	This amendment is submitted to amend the following:			
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	Blue Wave Painting L	-LC		or the abbreviation "L.L.C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX Same of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	Enter new principal offices address, if applicable:	4		
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the name of the name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	Principal office address MUST BE A STREET ADDRESS)			
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B. If amending the registered agent and/or registered office address on our records, enter the name of the name of the name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	Mailing address MAY BE A POST OFFICE BOX)			
New Registered Office Address: Enter Florida street address , Florida City Zip Code			our records,	enter the name of the ne
Enter Florida street address	Name of New Registered Agent:			We will be the second of the s
, Florida	New Registered Office Address:			
City Zip Code		Enter Flori	ida street address	
		City	, Flor	ida
	New Registered Agent's Signature, if changing Registered Agen	•		sip com

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 <u>Title</u> **Address Type of Action** <u>Name</u> □ Add ☐ Remove ☐ Change _□ Add _□ Remove ☐ Change _□ Remove ____ Change <u>----</u>□ A₫₫? _□ Remove Change _□ Add _□ Remove _□ Change □ Add □ Remove ☐ Change

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