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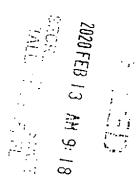
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COVER LETTER

SURJECT: Per	ace Painting Ly	e	
SOBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Registration Section Division of Corporations CT: Peace Parting LC Name of Limited Liability Company Analogous Articles of Amendment and fee(s) are submitted for filing. Etum all correspondence concerning this matter to the following: Mitchell Peace Name of Person Peace Parting LC Firm/Company 330 Aventa Cettal Address Local Linite and Zip Code Peace Parting LC City/State and Zip Code Peace Parting LC Peace Parting LC Area Code Peace Parting LC Area Code Daytime Telephone Number d is a check for the following amount: 1000 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section		
	Peace Painting	Firm/Company	
	Peace Parting LL Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Hitchen Peace Name of Person Peace Parting LLC Firm/Company 300 Aventac Certed Address Lottclaria IL 3803 City/State and Zip Code Peace parting LLC Grand. con E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: At Peace Name of Person Area Code Daytime Telephone Number check for the following amount: ling Fee \$30.00 Filing Fee & Certificate of Status Certificate of Status Street Address: Street Address: Street Address: Registration Section		
	Indialartic r	City/State and Zip Code	
	peacepointing L E-mail address: (1	to be used for future annual report notif	fication)
For further information con	ecerning this matter, please ca	all:	
Mitchell Decce		at (<u>33.1</u>) <u>265 - 6</u>	2141_
ivane of t	CISOII	Area Code Daytina	e receptione (vanice)
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	otion		otion
Division of Cor		Division of Cor	
DA Day 6227		The Centre of T	

P.O. Box 6327 Tallahassee, FL 32314

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The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peace Pentry	ше	
(Name of the Limited Lian	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on and assigned	
Florida document number <u>L14000050 46</u>	<u>5</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	nited liability company here:	
The new name must be distinguishable and contain the words "L	nited Liability Company," the designation "LLC" or the abbreviation "LeLC."	
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADI	RESS)	
		2.49
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, enter the name of the new registere	<u>:d</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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 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>	Name	Address	Type of Action
<u>AHBR</u>	James Senecal	577 Grant Ave	□Add
		577 Grant Ave Settelitte Beach Fly 3213	7 KRemove
			□Change
			□Add
			□Remove
			200 FEB
			Remove
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Tective date, if other than the date of filing: 290 (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th is filed.	day afte	r the
1cd 3 2/9/20		
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00