L14000113755

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COVER LETTER

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TO: Registration Se Division of Cor			
SUBJECT: ACC	ordable Pressu Name of Lim	re wushing and ited Liability Company	Painting L.L.C.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ilancy Fernan	Name of Person	
	Affordable Pre	Firm/Company	d Fainting LC
	HIZ Woodwa	Address	
	Orlando FL	3283 7 City/State and Zip Code	
	Afforduble Pre E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please co		
Namy Fernag	nde 7 f Person		D-19 e Telephone Number
Enclosed is a check for the	ne 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Afforduble Pressure Wush (Name of the Limited Liability Com (A Florida Limite	ing and fairting LLC page as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L14000113755</u> .	ny were filed on July 18 th 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited line A PW Pointing Services L The new name must be distinguishable and contain the words "Limited Lia	1.6.
Enter new principal offices address, if applicable:	702
(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 offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zin 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
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			□Remove
			□Change
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effective date is listed, the	ne date must be specific ar	id cannot be prior to date		90 days after filing.) Pursua	
	on the Department of		tatulory ming require	ements, this date will no	ot be listed as
	ed effective date, but no	ot an effective time, a	: 12:01 a,m. on the ea	arlier of: (b) The 90th	day after the
s filed.					
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	Signature of a	member or authorized	representative of a men	nber	<u></u>
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