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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corpora			
subject: Finish	Touch Consti	ruction LLC nited Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are sub	omitted for filing.	
Please return all corresponder	ice concerning this matter	to the following:	
-	Jason	Millar Name of Person	
-	Finish Tou	Firm/Company	
-	5501 W;	Mard norris red	·
-	milton	FL . 3as7c) City/State and Zip Code	SEGRETARY SEction)
_	Jason—	Millian @ Vinast.com	fication) Fig. 7
For further information conce			OCT 12 P 12: 11 HASSEE, FLORID
Jason Milla	_	at (850) 910-	1031 🙀 🔼
Name of Pers	son		e Telephone Number
Enclosed is a check for the fo	Ilowing amount:		
₩ \$25.00 Filing Fee	1 \$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/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

Finish Touch	CONSTRUCTION	LLC	
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appea ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	08/19/2014	and assigned
Florida document number <u>L 14000 31853</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the o	designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		2015 SEC	(2) Table
		AHA AHA AHA	1]
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		me T	
		ATE RIDA	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		n our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
,	Enter Flo	rida 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joel Millar	5501 willowd Morris rd, milton FC,	39570 M Add
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			Change
		 	🗆 Add
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		_ 	☐ Remove
		TA _{CO}	☐ Change
		SECRETARY OF STATE TALLAHASSEE, FLORIDA	Add
		E. FLORIDA	5 Change
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E. Effect	ctive date, if other than the date of filing: $\frac{0/6/5}{6}$ (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	. (05.0005./3)/
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	e listed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e e 90th day after the record is filed.	arlier of:
Dated	d Oct 6 , 2015 . Signature of a member or authorized representative of a member	
	o mie	
	Signature of a member or authorized representative of a member	
	An:11 C	
	Tason Millar Typed or printed name of signee	_
	s yped of printed name of signee	

Page 3 of 3

Filing Fee: \$25.00