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D. SCOTT MAR 2 9 2017

COVER LETTER

SUBJECT: Paul White Painting And Pressure Washing LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher White Name of Person
Paul White Painting And Pressure Washing LLI
7861 Hoosier Place
Orlando Fl. 32807 City/State and Zip Code
Suzanne m white 90 @ gmail.com == == ==============================
For further information concerning this matter, please call:
Paul White Name of Person Paul White Area Code Daytime Telephone Number Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> Paul White Pain</u> (Name of the Limited Li	nting And Pressure Was ability Campany as it now appears on our records.) orida Limited Liability Company)	hing LLC
(A FI	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 03/ 33/2	2015 and assigned
Florida document number <u>L 15 00004</u>	<u>96</u> 74	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Paul White Painting ar	nd Carpet Cleaning Limited Liability Company," the designation "LC" or to	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET Al	DDRESS)	
Enter new mailing address, if applicable:	W	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		<u> </u>
B. If amending the registered agent and/or r	registered office address on our records, et	iter the pame of the new
registered agent and/or the new registered office		TEE OF
		经1四
Name of New Registered Agent:		
New Registered Office Address:		22
	Enter Florida street address	
<u> </u>	, Florid:	
	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 **Type of Action Address** Title Name 2825 Mayer St. Orlando FL. 32866 William S. Bartle MGR ☐ Change □ Add ☐ Remove □ Change □ Add Remove ☐ Change □ Add _□ Change □ Add ☐ Remove

Change

if amending an	iny other information, enter change(s) here: (Attach additional sheets, if necessor	ury.)
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		1 SE
		夏 27
(If an effective date Note: If the date	e, if other than the date of filing:	ing.) Pursuant to 605.0207
	ecifies a delayed effective date, but not an effective time, at $12:01\ a.n$ day after the record is filed.	
Dated		
	Chudopher P. White Signature of a member or authorized representative of a member	
	Christopher P. white Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00