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S. YOUNG

David Houstonn

36329 CCEAR LAKE DR.

Enstis, FL 32736

352-455-0814

David T. Houstown, LLC chanse to: CANVAS PAINTING, LLC

Thanks

COVER LETTER

Division of Corporations
SUBJECT: David T. Houstoun, 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:
David T. Houstoun Name of Person
Firm/Company
36329 Clean Lake Drive
Eustis Flor 10A 32736
Davetyhoustoun@gmailcoms E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Houstoun at 352 455-0814 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Stat

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION

David T. Houst	oun, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L150000498</u> 2	were filed on $\frac{3/19/2015}{2015}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	T	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address: Enter Floridg 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

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Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and canno	(optional) t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the applicable statutory filing requirements, this date will not be listed a
document's effective date on the Department of State's	records.
The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier
Dated,	·
	r or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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 = M $AMBR = A$	Annager . Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			通
		/	Remove
		/ 	☐ Change
			□ Add
			Remove
			☐ Change
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	/		□ Remove
			☐ Change
			Remove
			☐ Change