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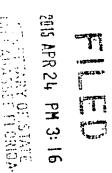
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
	PAINTING BY ED LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	dence concerning this matter to	o the following:		
	VICTOR J. MAZZELI	LA, CPA		
		Name of Person		•
	VICTOR J. MAZZELI	LA, CPA,PA		
		Firm/Company		
	1408 SE 17TH AVEN	NUE, SUITE F		
		Address	· · · · · · · · · · · · · · · · · · ·	
	CAPE CORAL, FLOR	RIDA 33990		
		City/State and Zip Code	<del></del>	
	VMAZZELLA@AOL.C	OM  be used for future annual report notifications		<u> </u>
	·	·	non)	
For further information co	ncerning this matter, please ca	ll:	10 mg	A STATE OF THE STA
VICTOR J. MAZZE	LLA	239 772-2229		5 Embedi
Name of	Person	Area Code Daytime T	elephone Number	TO STREET
				ب سية
Enclosed is a check for the	e following amount:		Williams The	<b>S</b>
\$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## A PLUS PAINTING BY ED LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	• • •	
The Articles of Organization for this Limited Liability Compan Florida document number L15000051806	y were filed on MARCH 23, 2015	and assigned
This amendment is submitted to amend the following:		
This afficient is submitted to afficient the following.		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
printing address mill be a lost of the box		
B. If amending the registered agent and/or registered	office address on our records, enter	
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		APP B
New Registered Office Address:		SS 24
New Registered Office Address:	Enter Florida street address	
		CO Season
	, Florida	=== 3
	City	Aip Code 5
New Registered Agent's Signature, if changing Registered Agent	t:	**

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> Address MGR SANDRA M. GONCALVES 14536 CYPRESS TRACE COURT ■ Add FORT MYERS, FL 33919 ☐ Remove □ Add □ Add □ Remove □ Add □ Remove \_□ Add ☐ Remove

D.	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	•				
E.	Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)				
	Dated APRIL 20 , 2015				
	Signature of a member or authorized representative of a member				
	EDÜARDO A. GONCALVES				
	Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00

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