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(Re	equestor's Name)	
- (Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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K. SALY SEP 2 3 2016

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CCT: Pain	t & Fanx by Pro	o, LL C ifed Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon-	dence concerning this matter	to the following:	
		Phillip (2. Hair Name of Person	
		Paint d	Name of Person Faux by Pro, LL of Firm/Company	
			Village Circle # 30	
		Pala Coast, 1	FL 32137 City/State and Zip Code	
		Philohaire ac E-mail address: (1	o/. com to be used for future annual report notific	cation)
For furt	her information cor	ncerning this matter, please ca		
	Phillip H	Person	at (<u>904</u>) <u>810 -</u> Area Code Daytime	8028 Telephone Number
Enclose	ed is a check for the	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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION**

1	.	
ARTICLES OF O	RGANIZATION	F11 1
O	F	2016500
Paint & Faux by Training (Name of the Limited Liability Compania) (A Florida Limited Limited Liability Compania)	ny as it now appears on our reliability Company)	2016 SEP 22 PM 4: 16 records. AMASSEE SI
The Articles of Organization for this Limited Liability Company	were filed on $\frac{4/22}{}$	- 1.05%
Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3309 Beach V	Mage Circle #309 FL 31237
(Principal office address MUST BE A STREET ADDRESS)	Palm Coast	FL SINST
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	Same	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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

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 $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>V. Pres.</u> AMBR	Kirby Hair	3309 Beach Village Circle #309 Palm Coast, FL 32137	
MIDK			Remove
			Change
			Add
			□ Remove
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			APA T
			Remove
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fan effective date is listed, the one was a seried in the date inserted in the date in the	an the date of filing: late must be specific and cannot be prior to date of filing of this block does not meet the applicable statutory for the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
ocument's effective date of	The Department of State's records.	
e record specifies a d The 90th day after th	elayed effective date, but not an effective record is filed.	ve time, at 12:01 a.m. on the earlier o
ated 9/20	Signature of a member or authorized representa	ative of a member
	Phillip C. Hair Typed or printed name of signe	

Page 3 of 3

Filing Fee: \$25.00