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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVERLETTER

Division of Corp				
subject:Suj	Derior Phantin	ng of Jacksonv led Liability Company	ville LLC	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	Tesse	Gallardo Name of Person	<u></u>	
	Superior P	Painting of Jacks	sonville LLC	
	295 N. Ko	SCOC Blvd Address		
	Ponte Vedra	Beach F/ City/State and Zip Code	32082	
	<u> </u>	o be used for further annual report notifi	ication)	
For further information co	oncerning this matter, please ca			
Jesse G Name of	alardo Person	at (904) 88/-(Area Code Daytime	Telephone Number SEE	FILE
Enclosed is a check for th	e following amount:		FLOOP -	D
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fine Fee Certificate of Status & Certified Copy	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)	Liability Company as it now apper Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabs Florida document number <u>L1500009144</u>	ility Company were filed on _	1	15 and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	ne limited liability company h	nere:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, Enger	me name of the nev
		SSE	- F
Name of New Registered Agent:		T _Q	
New Registered Office Address:		STA Lor	
	Enter Flo	orida street addres Pr	<u>w</u>
_		, Florida	1 "
	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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Greg Van Gasbeck	890 2nd Street South Jacksonville Beach FL	DP Add
	O DVANGAASBUEL	Jacksonville Beach FL	□ Remove
		32250	□ Change
	· · · · · · · · · · · · · · · · · · ·		Add
			□ Remove
			□ Change
			Add
			Remove
			Change
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effective date is li	isted, the date must be spe	cific and cannot be pr	rior to date of filing	or more than 90 day	ys after filin	g.) Pursu	uant to 605.02
	serted in this block doo ve date on the Departme			filing requiremen	ts, this date	e will n	ot be listed
ament 3 creenv	ve date on the Departition	chi of State 3 fecol	us.				
record specif	ies a delayed effec	tive date, but	not an effecti	ve time, at 12	:01 a.m.	. on th	ne earlier
ne som day	after the record is	mea.					
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Filing Fee: \$25.00