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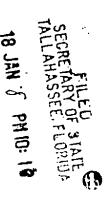
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## COVER LETTER

Division of Corporations	
SUBJECT: Matt's Professional Paintil Name of Limited Liability Co	ng LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing	ş.
Please return all correspondence concerning this matter to the following	<u>e</u> :
Matt Campbon	Person
Matt's Professional	Painting LLC
19 Shakuspeare	css .
DeFuniak Spring	F1. 32433
<u> </u>	the appeal report politication)
For further information concerning this matter, please call:	The similar report sourcement
Marine of Person at (8	50 333-8839 Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certific	Filing Fee & U \$60.00 Filing Fee, Copy 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

Matt's Professional Pa	inting LLC	<u>-</u>
(Name of the Limited Liability Compac (A Florida Limited L	ability Company)	
The Articles of Organization for this Limited Liability Company	vere filed on <u>6-4-15</u>	and assigned
Torida document number <u>L15000098587</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
he new name must be distinguishable and contain the words "Limited Liabilit	Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		SSI SSI
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<b>5</b> 5 5
		7.7.7.7. 7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.
		- G
<ol> <li>If amending the registered agent and/or registered off registered agent and/or the new registered office address here:</li> </ol>		name of the new
•		
Name of New Registered Agent:		
New Registered Office Address:		
New Negligiered Office Address.	Enter Florida street address	
	, Florida	
<del>- 7</del>	City 7	Lip Code
	1	

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

	ig Authorized Person(s) authorized to d from our records:	тапа	ige, <u>enter</u>	the title, name, and a	uoress or each	person being and
MGR = 1 AMBR = 1	Manager Authorized Member					
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			DeFu	niak Springs	s, Fl.	Remove
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ve date, if other than to	must be specific a	ind cannot be prior to	date of filing or m	ore than 90 days aft	tional) er filing.) Pursuant	to 605.0
If the date inserted in this ent's effective date on the	s block does not e Department of	t meet the applicat f State's records.	destatutory tilinį	g requirements, tr	ns date will not i	oe tisted
ord specifies a delay 90th day after the r			an effective t	ime, at 12:01	a.m. on the	earlier
	Lisit	4010				
January	(VIII	<u>. 2018                                    </u>				
	Matt	lu lon				
	Signature of	a member or author	zed representative	of a member		
	Mattho	in Came	boll			
	<u> </u>	Typed or printed	1 T 1			

Filing Fee: \$25.00