

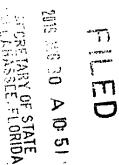
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Johnson Professional Painting Services LC 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:
Janet M Jahnson Name of Person
Johnson Professional Painting Services LL(
2863 Cardassi Orive
Oco ee FL 34761 City/State and Zip Code
Johnson professional Dainting a gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Janet M Johnson at (407) 883 - 4214 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \text{\$55.00 Filing Fee & 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

Johnson Professional Paintie (Name of the Limited Liability Company as it now appropriate Liability Company (A Florida Limited Liability Company)	ng Services LLC seats on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>LISCOOII9964</u> .	July 13 , 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here:</u>
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne 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:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
	Florida street address
- Cu	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code
I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for it being filed to merely reflect a change in the registered office address, I he company has been notified in writing of this change.	of my duties, and I am familiar with and n Chapter 605, F.S. Or, if this document is reby confirm that the limited liability
If Changing Registered	Agent, Signature of New Registered Agent
If Changing Registered Page 1 of 3	TO DE COMPANY DE COMPA

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 = Manager

AMBR = Authorized Member <u>Title</u> Nam e Address **Type of Action** Brandon C. Johnson 2863 Cardassi Dr WAdd MGR Ococe, FL 34761 ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add S □ Remoye ___ Change Remove ☐ Change

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