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SEP 24 2015 G. YOUNG

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	S & DECORATORS INVERN	ESS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CONNIE A. CULBERTS	ON	
		Name of Person	
	PAINTERS & DECORAT	TORS INVERNESS LLC	,
		Firm/Company	一
	2546 N JOHN YOUNG P	KWY	留 8 二
		Address	23 Z3
	KISSIMMEE, FL 34741		OF STATE
		City/State and Zip Code	
	ACCTEXPRESSCORP@C	GMAIL.COM to be used for future annual report notifica	٠ ١ (٠٠٠)
			nion)
For further information of	concerning this matter, please ca	all:	
CONNIE A. CULBERT	rson	407 932-3400 at ()	
Name	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he 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)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAINTERS & DECORATORS IN			
(Name of the Lim	ted Liability Con (A Florida Limit	npany as it now appears on our records ed Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited L Florida document number L15000145867		ny were filed on 8-25-2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
N/A			로 와 경
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			THE PU
Enter new mailing address, if applicable:		N/A	14 F 55
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			s, enter the name of the new
Name of New Registered Agent:	N/A	, <u>, , , , , , , , , , , , , , , , , , </u>	and the second s
New Registered Office Address:	N/A		<u></u>
		Enter Florida street addres.	s
		, Flo	orida
		City	Zin 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANGELA M. MACDONALD	2546 N JOHN YOUNG PKWY	
		KISSIMMEE, FL 34741	■ Remove
			☐ Change
MGR	ANGELA M. HOLLINGER	2546 N JOHN YOUNG PKWY	■ Add
		KISSIMMEE, FL 34741	□ Remove
			Change Change FILT Change FILT Add Add Add Add Add Add Add
			☐ Remove
			Change
·			Add
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			∏ Change

PLEASE CHANGE MGR #2			•	-
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ective date, if other than the d n effective date is listed, the date must b	ate of filing:	date of filing or more than 00 c	(optional)	; h207 (3)vi
te: If the date inserted in this bloc	k does not meet the applicab	le statutory filing requirem	ents, this date will not be list	ed as the
cument's effective date on the De	artment of State's records.		,	
record specifies a delayed	effective date, but not	an effective time at	12:01 a m on the earl	ier of
The 90th day after the reco	rd is filed.	an encerve time, at	12.01 a.m. on the con	ici oi.
0 4 3 401	2016			
ted September 21		<u>-</u>		
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	ignature of a member or authori	zed representative of a memb	er e	
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CONNIE A CULBERTS	ÜN			

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Filing Fee: \$25.00