L15000164205

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: All American Pro Services, LLC 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:
Nicholas Broomell
All American Pro Services, LLC Firm/Company
8216 100th Court Address
Vero Beach, FL 32967 City/State and Zip Code
PSNODGIRASS817@ATT.NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nicholas Broomell at (772) 559-7191 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

All American Pro	Services, LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number <u>L1500016420</u>	Company were filed on $\frac{9/28/26}{5}$.	016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Timperial Painting of T The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	****	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADI	DRESS)	
		The second secon
Enter new mailing address, if applicable:		2 PH 1: 51
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ds, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Fran Elizabeth 11	
	Enter Florida street addr	
	, F	Florida 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 = Ma $AMBR = Aa$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Filing Fee: \$25.00