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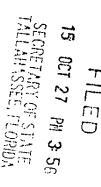
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Special Instructions to	Filing Officer:	
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Office Use Only



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OCT 2 8 2015 S. YOUNG

COVER LETTER

O: Registration Section Division of Corpo			
UBJECT:		AINTING LLC ted Liability Company	
	nendment and fee(s) are subrence concerning this matter t	•	
	Nelson	Gonzales-Lop Name of Person	DeZ_
	<u>COODY</u>	S PAINTING L Firm/Company	LC 7S 5
	490 Gec	orges Aue NE. Address	OCT 27 CRETARI LLANASS
	Palm Ba	City/State and Zip Code	S
or further information con	E-mail address: (t	o be used for future annual report notified:	cation)
Rebecca Go	onzalez-lapez Person	at (305) 988-3 Area Code Daytime	3215 Telephone Number
nclosed is a check for the	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)

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

GOODY'S PA	INTING LLC
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number <u>L15000173968</u> .	were filed on 10-13-2015 and assigned
his amendment is submitted to amend the following:	
. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	490 Georges AudiNE
Principal office address MUST BE A STREET ADDRESS)	Palm Bay, Florida = 33907
inter new mailing address, if applicable:	490 Georges Ave NET 3
<u>Mailing address MAY BE A POST OFFICE BOX)</u>	32907 Florida 37
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	<u>.</u>

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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Page 3 of 3

Filing Fee: \$25.00