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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

SUBJECT: AM	erican P	ainting SSLL	<u>C</u>
		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Henr	Y May	· · · · · · · · · · · · · · · · · · ·
		Name of Person	
	Ameri	Ean Painting Firm/Company	SS LLC
		Seibert Rd	
		Address	
	Ft Wal	to be used for future annual report notifica	L 32540
	Jeff Ivan	to be used for future annual report notifica	ion)
For further information co	ncerning this matter, please ca	all:	
	•		
Henry M	lay	at (856) 687 Area Code Daytime Te	-5055
/ Name of	Person	Area Code Daytime Te	elephone Number
Enclosed is a check for the	e 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)

TO:

Registration Section Division of Corporations

> 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

American Painting LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	nny were filed on 10/21/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" of	r 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)		16 JUN
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		enter the name of the ne
Name of New Registered Agent:		• • • 7 ORIDA
New Registered Office Address:	Enter Florida street address	
	, Flor	
	Citv	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stanley R Scruggs	1243 Seibert Rd #9	
		Ft walton Bch Fl 32540	Remove
			☐ Change
AMBR	Nick Black	6209 East Hibiscus Ave	Add
		Panama City Beach, Fl 32408	☐ Remove
			Change
			□ Remove
			□ Change
			AGE 20 SS CIÓ Remove II
			Remove The Change
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Effective date, if other than the date of filing:	(optional)	-
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more that Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	an 90 days after filing.) Pursuant to 60 iirements, this date will not be list	5.020' ted as
ne record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earli	ier o
Dated 6/16/16 Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00