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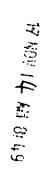
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COVER LETTER

TO:	Registration Se Division of Cor							
emore		'S TOP-NOTCH PAINTING	LLC					
SUBJE.	Name of Limited Liability Company							
The enc	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.					
Please r	eturn all correspo	ndence concerning this matter	to the following:					
		SHAWN WILLIAMS						
			Name of Person					
		DAYTONA'S TOP-NOTO	CH PAINTING LLC					
			Firm/Company					
		1315 SAN JOSE BLVD						
			Address					
		HOLLY HILL FL 32117						
			City/State and Zip Code					
		topnotchpainting78@gmail						
		E-mail address [,] (to be used for future annual report notif	ication)				
For furt	her information co	oncerning this matter, please co	ali:	•				
SHAW	N WILLIAMS		386 615-1086					
	Nåme of	Person		Telephone Number				
Enclose	d is a check for th	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 tadditional 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

DAYTONA'S TOP-NOTCH PAINTING LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 22, 2015 and assigned Florida document number L15000180114 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A 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 on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
MGR	MURPHY, WILLIAM SCOTT	1315 SAN JOSE BLVD	
		HOLLY HILL FL 32117	■ Remove
			□ Change
MGR	GASCON, DAVID	1315 SAN JOSE BLVD	
		HOLLY HILL FL 32117	□ Remove
			☐ Change
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ective date, if other than the date of filing:		_		_ (optional)	•	
effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet thument's effective date on the Department of State's	ie applicabl	date of filing c le statutory f	ir more than 90 c iling requireme	ays after filing. ints, this date	.) Pursua will no	ant to 605 of be liste
record specifies a delayed effective date, he 90th day after the record is filed.	but not a	an effectiv	e time, at 1	2:01 a.m.	on th	e earlie
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Typed or printed name of signee

Filing Fee: \$25.00