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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| DIVIS | ion of Corp | μοι ατιστισ | | |
|-----------------------------------|---------------|--|---|--|
| SUBJECT: _ | | n Painting, LLC | | |
| Name of Limited Liability Company | | | | |
| | | | | |
| The enclosed A | Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return a | ll correspo | ndence concerning this matter | to the following: | |
| | | Christina LaFayette | | |
| | | | Name of Person | |
| | | Ace High Painting, LLC | | |
| | | | Firm/Company | |
| | | 2621 28th Ave N | | |
| | | | Address | |
| | | St. Petersburg, FL 33713 | | |
| | | | City/State and Zip Code | |
| | | ace.high.painting.llc@gmai | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For further info | ormation co | oncerning this matter, please ca | all: | |
| Christina LaFa | yette | | 727 202-7849 at () | |
| | Name of | Person | | Telephone Number |
| Enclosed is a c | heck for th | e following amount: | | |
| ■ \$25.00 Fil | ing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed) |

TO:

Registration Section

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**

| Ace High Painting, LLC | | | | | |
|---|---|-----------------------------|--------------|-----------------|---------------------------------|
| (<u>Name of the Limited Liability Con</u> (A Florida Limite | ipany as it now app ed Liability Company | cars on our records.) | | _ | |
| The Articles of Organization for this Limited Liability Compa. Florida document numberL15000195661 | ny were filed on | Novemeber 19, 2015 | and | assig | ned |
| Florida document number | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited li | ability company | <u>here</u> : | | | |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," th | e designation "LEC" or the | abbreviation | 1 "L.L.(| C." |
| Enter new principal offices address, if applicable: | | | | re i | |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u> 2400</u> | <u>=</u> | enti |
| | | | <u> </u> | 25 | k . |
| | | | | 1 | ही _{य स्त} ा । * हा |
| Enter new mailing address, if applicable: | · | | | | <u>.</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> | | * * ** |
| | | | 22 | رن ص | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | on our records, <u>ente</u> | r the nar | ne of | the nev |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter F | lorida street address | | | |
| | | , Florida _ | | 1 | |
| | City | | Zip Co | ode | |

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 **Address** Type of Action **Title** <u>Name</u> MGR Christina LaFayette 2621 28th Ave N □ Add ☐ Remove ■ Change Donnie L Williams 2621 28th Ave N **AMBR** ■ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ≦3 bbA □ Remove _□ Change (n D Add ☐ Remove

Change

| D.' If amer | eding any other information, enter change(s) here: (Attach additional sheets, if nece | essary.) | |
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| (If an effective Note: 1 | te date, if other than the date of filing: | filing.) Pursuant to 605 | .0207 (3)(b) ed as the |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed. | i.m. on the earlie | er of: |
| Dated _ | Chisting Laterall | 2016 TALL | ens (°) |
| | Signature of a member or authorized representative of a member Christina LaFayette | | economicals program program progr |
| | Typed or printed name of signee | | # # T |
| | Page 3 of 3 | 0 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | • |

Filing Fee: \$25.00