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SECRETARY OF STATE

APR 15 2016 ERUCE

COVER LETTER

TO:	Registration S Division of Co			
CHDI		gh Painting, LLC		
SUBJ	ECI:	Name of Limi	ited Liability Company	
The er	nclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please	return all corresp	ondence 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	3	
			City/State and Zip Code	_
		ace.high.painting.llc@gm E-mail address: (i	to be used for future annual report notification)	
For fu	rther information	concerning this matter, please ca		
Chris	stina LaFayette		727 202-7849 at ()	
		of Person	Area Code Daytime Telephone Numb	2016 AP
		the following amount:	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee	
□ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	ate of Status & d Copy al copy senciosed)
	Regis Divisi	LING ADDRESS: tration Section ion of Corporations Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ace High Painting, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appo ability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on _	November 19, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company	here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>		,
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: Name of New Registered Agent:		on our records, <u>er</u>	in 2
New Registered Office Address:		LA	S S T
New Registered Office Address.	Enter F	Florida street address	
	Ciţy	الله الله الله	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		OR.	
			Y Or

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
PRES	Christina LaFayette		Add
			Remove
			■ Change
<u>VP</u>	Joe W. Willams		Add
			□ Remove
			■ Change
Member	James K. Price, Jr		■ Add
			□ Remove
			☐ Change
Member	Donnie L. Williams		■ Add
			SECRETURY CHARGE STATE AND CHARGE Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

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