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(Re	questor's Name)	,
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COVER LETTER

Division of Corporations
SUBJECT: <u>lawrence Painting and Artistic Designs</u> UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Devon Jawrence Name of Person
lawrence Pointing and Artistic Designs
13515 Saupit rd Address
Jorksonville Fl. 3226 City/State and Zip Code
Sketn Surf @amil.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Devon lawrence at 904 380 - 1160 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Fee,
Certificate of Status (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION

lawrence Pain	Ling Cm d Liability Compan A Florida Limited Li	Aversage Ave	Desiay our records.	ns l	<u>lc</u>	
The Articles of Organization for this Limited Lia	ability Company v		29/2016	<u>) </u>	and ass	signed
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabil	ity company here:				
The new name must be distinguishable and contain the wo	ible:	y Company," the design	ation "LLC" or the	abbrevia	tion "L.	L.C."
(Principal office address MUST BE A STREET	<u> (ADDRESS)</u>			, i		
Enter new mailing address, if applicable:					6 MAR 21	*
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>			ind . red 	P	1000 c
	•				1 2: 56	Chinatana
B. If amending the registered agent and/o registered agent and/or the new registered off			r records, <u>enu</u>	<u>r tne i</u>	<u>name</u>	of the ne
Name of New Registered Agent:	Devon	bwrence				
New Registered Office Address:	13515	Soupt re	treet address			
	Jacks	sonville	, Florida	32	22	6
New Registered Agent's Signature, if changing Re		City		Zip	o Code	
New Registered Agent's Signature. II Changing Ko	evisierea Avent:					

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 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

Title **Name Address Type of Action** William BrisTow 6463 Jim Starling Rd Maclenny FL 32063 **X** Add _□ Remove _ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ ☐ Change ☐ Change \square Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change

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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filingte: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pu	ursuant to 605.020
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on	the earlier o
$\frac{3/18/2016}{2016}$		

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Filing Fee: \$25.00