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COVER LETTER

SIJB IECT.	ADVANCE PAIN	T CONTRACTORS LLC.	s ,				
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: JEAN DANIEL M COLAS							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
		JEAN DANIEL M COLAS					
		Name of Person	***************************************				
	ADVA		· · · · · · · · · · · · · · · · · · ·				
		Firm/Company					
		13337 SW 64 TH LN					
		Address					
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			cation)				
For further information of	concerning this matter, please c	all:					
JEAN DANIEL M COLAS at (503) 421 0579		1					
Name o	of Person	Area Code Daytime	Telephone Number				
Enclosed is a check for t	he 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)				

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

ADVANCE PAINT CONTRACTORS (Name of the Limited Liability Compan (A Florida Limited Li	as it now appears on our recor	rds.)		
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on <u>2/16/2016</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	ry Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	N/A	<u> </u>		
		7 T		
Enter new mailing address, if applicable:		C		
(Mailing address MAY BE A POST OFFICE BOX)	N/A-	<u> </u>		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:		ds, <u>enter the name of the new</u>		
	N/A	pany here: ny," the designation "LLC" or the abbreviation "L.L.C." N/A N/A Enter Florida street address Florida		
New Registered Office Address:	Enter Florida street address			
	TO	Tovido		
	City.	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p				

N/A

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	12/24/2016			· ·				
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ated		Signature o	f a member or a	thorized represe	entative of a me	mber	<u>,</u>	

Page 3 of 3

Filing Fee: \$25.00