

L160000067437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

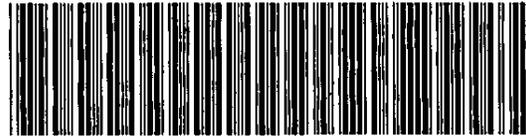
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500284691175

04/19/16--01029--027 **25.00

FILED
2016 APR 19 P 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2016

S MASON

Tax Professional Services, LLC

A Financial Services Corporation

1105 W Maple Ave

Geneva, Al. 36340

334-684-6398

334-684-7193 -fax

www.taxproll.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, National Association of Tax Practitioners, National Institute of Tax Studies, Accreditation Council for Accountancy and Taxation, Tax Freedom Institute, The American College of Forensic Examiners

April 14, 2016

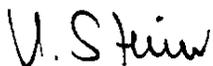
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

To whom it may concern,

Enclosed you will find: Articles of Amendment, check for payment and a self addressed envelope.

Please register the enclosed Articles of Amendment for SHELBY TRIM & PAINT, LLC and return to us in self addressed envelope provided.

Thank you,



Ulli Steiner
Tax Professional Services, LLC

Enc.

Cert#: 7015 0640 0001 6027 9936

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHELBY TRIM & PAINT, LLC

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:

ULLI STEINER

Name of Person

TAX PROFESSIONAL SERVICES, LLC

Firm/Company

1105 W MAPLE AVE

Address

GENEVA, AL. 36340

City/State and Zip Code

ULLI@TAXPROLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ULLI STEINER

334 684-6398
at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SHELBY TRIM & PAINT, 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 04/05/2016 and assigned Florida document number L16000067437.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2016 APR 19 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MBR	JOSHUA C ROBISON	3848 MEMPHIS CHURCH RD	<input checked="" type="checkbox"/> Add
		DOTHAN, AL. 36301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2016 APR 19 PM 3:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 14, 2016

U. Steiner

Signature of a member or authorized representative of a member

ULLI STEINER, ORGANIZER

Typed or printed name of signee

FILED 2016 APR 19 3:58 SECRETARY OF STATE PALM BEACH COUNTY FLORIDA