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K. SALY MAR 20 2018

. COVER LETTER

TO: Registration Se Division of Cor			•
CITYER BELLEVIES	AINT. LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS MATOS		
		Name of Person	
	GREAT PAINT, LLC		
		Firm/Company	
	2247 VIOLET DRIVE		
		Address	
,	FORT MYERS, FL 33905		
		City/State and Zip Code	
	lmatosgtl@outlook.com		
For further information c	oncerning this matter, please ca	to be used for future annual report notif all:	fication)
LUIS MATOS		239 850-0578 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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**

FILED

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SECRETARY OF STATE

GREAT PAINT, LLC

(Name of the Limited Liability Company as it now appears on our records

	Liability Company)	E. FLORIDA
The Articles of Organization for this Limited Liability Compan	y were filed on 4/25/2016	
Florida document number L16000081116		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
GREAT TRUCKING ACADEMY, LLC		
The new name must be distinguishable and contain the words "Limited Lia"	bility 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 r
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
		ridaZip Code

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

or removed from our records: FILED MGR = Manager 18 MAR 19 PM 12: 44 Type of Action

SECRETARY OF STATE

FALL MASSEF, FLORIDA - Add AMBR = Authorized Member **Title** Name | Address □ Remove ☐ Change □ Add ☐ Remove ☐ Change _____ Change _□ Add _□ Remove □ Change □ Add _□ Remove _____ Change □ Add ☐ Remove _____

Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.		· ' '			FILES		
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Filing Fee: \$25.00