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K. SALY EXAMINER JUL - 5

COVER LETTER

TO: , Registration Sec Division of Corp	tion orations		,
SUBJECT: Ger	omino's Re Name of Lin	modeling + Pai	nting LLC
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Geronia Geronia Panama Geronia Geronia Geronia	Name of Person Name of Person Name of Person No Semodelix Firm/Company Kford Ave. Address City/State and Zip Code To be used for future and a report notified to the control of th	ng + Painting Wa Init 607 2405 329 mail. Com
For further information co	ncerning this matter, please c	all:	
Geronim Name of	o Cornejo Person	at (850) 896 - Area Code Daytime	1534 Telephone Number
Enclosed is a check for the	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

2016 JUL - 1 PM 12: 42

MICAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MCLY 6, 2016 and assigned Florida document number 41600089806.

This amendment is submitted to amend the following:

A If amending name, enter the new name of the lin	nited liability company here:
Geronimo's Remode	ling & Painting LC
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)
	•
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	istered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	<u>dress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
Tron Hogistera Office Maress.	Enter Florida street address
	City 7 in Coda

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

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

Type of Action **Title Address Name** Troy Lee Hammond 720 College Are. Panamality, H320 Kadd □ Remove ☐ Change □ Add ☐ Remove Change _□ Add ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

 								
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Filing Fee: \$25.00