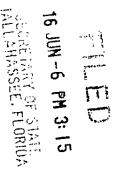
(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RThompson Painting 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:
Roy Mompson
RThompson Painting LLC
553 River Road
Carrapelle FC 32322
City/State and Zip Code Panny Sheilad a Hol. Com E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Sheila A. Davis at (850), 933-5883 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Boxed{1} \\$25.00 \text{ Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\Boxed{1} \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

RThompson	~ Painting	ILC	
(Name of the Limited L (A F	lability Company as it now appealerida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L 160000</u>	ity Company were filed on _	5/20/16	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A.)	: 	designation "LLC" or the abl	previation "L.L.C."
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
			SSECTION OF THE PROPERTY OF TH
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address of address here:	n our records, enter	the name of the new
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Fl	orida 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

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 = Au	nthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Robert Zackery Thompson	553 River Rd	f Add
	Thompson'	553 River Rd Carrabelle FC. 32322	☐ Remove
			Change
AMBR	Konald C. Custe	P.O. BOX 966 E.Pt., Fl 32528	
		E.PT., PC 32528	☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add_
			Remove
			The Realiste
			Change C
			55
			☐ Remove
		 	Change
			Add
		 	Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	ssary.)		
			
			
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(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to	o 605.020 e listed a	7 (3)(b) s the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a (b) The 90th day after the record is filed.	.m. on the e	arlier o	f:
Dated June 1 2016,			
Signature of a member or authorized representative of a member		_	
Roy Thompson		Mara-	

Page 3 of 3

Filing Fee: \$25.00