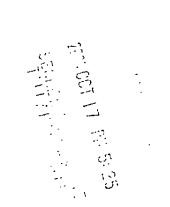


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(Address)
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(Document Number)
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COVER LETTER

		stration Sec sion of Corp			
SUBJEC		AA TOTAL	SERVICES LLC		
SOBJEC		·	Name of Lim	nited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn a	all correspor	ndence concerning this matter	to the following:	
			YLVIA M URDANETA	•	
				Name of Person	
			AA TOTAL SERVICES I	JLC	
	Firm/Company				
			5507 RAINWOOD MEAI	DOWS DR	
				Address	
			APOLLO BEACH, FL 33:	572	
			aatotalserviceslle@gmail.ec	City/State and Zip Code	
				to be used for future annual report notification)	
For furth	ier int	ormation co	ncerning this matter, please c	all:	
YLVIA	M UI	RDANETA		813 956-1893 at ()	
		Name of	Person	Area Code Daytime Telephone Number	
Enclosed	i is a «	check for the	e following amount:		
≡ \$25.6	.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Reg Divi P.O.	ing Address istration S sion of Co Box 6327 ahassec, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AA TOTAL SERVICES LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 05/31/2016	and assigned
Florida document number L16000105634		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
AA Total Painting LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	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)		
3. If amending the registered agent and/or registered offic	so addrase an our records, enter th	e name of the new registe
gent and/or the new registered office address here:	e address on our records, <u>enter in</u>	e maine or the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
		da
	City .	· Zip Coder

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			□Add
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ctive date, if other that effective date is listed, the da	n the date of filing:	(optional) r more than 90 days after filing.) Pursuant to 605.02
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