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COVER LETTER

FK REPAIRS AND SERVICES 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: FRIDERIK KUNDIH Name of Person FK REPAIRS AND SERVICES LLC Firm/Company 302 SW 79 CT Address				TO: Registration S Division of Co
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: FRIDERIK KUNDIH Name of Person FK REPAIRS AND SERVICES LLC Firm/Company 302 SW 79 CT			IRS AND SERVICES LLC	
Please return all correspondence concerning this matter to the following: FRIDERIK KUNDIH Name of Person FK REPAIRS AND SERVICES LLC Firm/Company 302 SW 79 CT		nited Liability Company	Name of Lin	SUBJECT:
Name of Person FK REPAIRS AND SERVICES LLC Firm/Company 302 SW 79 CT		_		
FK REPAIRS AND SERVICES LLC Firm/Company 302 SW 79 CT			FRIDERIK KUNDIH	
Firm/Company 302 SW 79 CT		Name of Person		
302 SW 79 CT		VICES LLC	FK REPAIRS AND SER	
		Firm/Company		
Address			302 SW 79 CT	
		Address		
MIAMI, FL 33144 City/State and Zip Code	2016 SEC	AEU.	MIAMI, FL 33144	
City/State and Zip Code FRIDERIKKUNDIH@GMAIL.COM	(A) 1 (A)	المنتب المتنب	FRIDERIKKUNDIH@GM	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		all:		For further information c
FRIDERIK KUNDIH 786 803-1572 2	: 24 ATE RIDA	786 803-1572		FRIDERIK KUNDIH
Name of Person Area Code Daytime Telephone Number	e Number		f Person	Name o
Enclosed is a check for the following amount:			he following amount:	Enclosed is a check for th
\$25.00 Filing Fee \$\bigcup \\$30.00 Filing Fee & Certificate of Status \$\bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\bigcup \\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	Certified Copy Certificate (additional copy is enclosed) Certified C		■ \$25.00 Filing Fee

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

FK REPAIRS AND SERVICES				
(<u>Name of the Lin</u>	nited Liability Co. (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)	
The Articles of Organization for this Limited Florida document number L16000114390		any were filed on 06/14/2	2016	_ and assigned
This amendment is submitted to amend the fo				
A. If amending name, enter the new name	of the limited l	iability company here:		
FK PAINTING LLC				
The new name must be distinguishable and contain the	words "Limited Li	iability Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered	d/or registered	N/A office address on our	r records, enter the	>
		 -	J.>	=
Name of New Registered Agent:	N/A			·
New Registered Office Address:	N/A		·····	
		Enter Florida st	reet address	
			, Florida	3+4+
		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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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- A Si	gnature of a member	or authorized	representative o	f a member			

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