LI6000126584

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(Ad	idress)			
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(Cit	ty/State/Zip/Phone	e #)		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

SEB 20 PM

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A-ONE Painting LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
German Jacqmillo Name of Person
Pirm/Company
981 N 6 1/2+ AVE Address
Ocala FL 34482
City/State and Zip Code Qone — Painting (a) Qol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
German Jargmillo at (352) 857-4986 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

A-one Painting LLC	
A-60R Painting LEC (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/6000/26584</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
OCal9 Pro Painting LLC The new name must be distinguishable and contain the words "Limited Liabi	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17 SE
(Principal office address MUST BE A STREET ADDRESS)	
	ASSEE, ASSEE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ROTE O
	- N
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
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fan Not	ctive date, if other than the date of filing:	ig.) Pursuant to 6	605.0207 (isted as (
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m he 90th day after the record is filed.	. on the ea	rlier of:
_	d September 18, 2017. Signature of a member or authorized representative of a member		
Date	/a/7-		

Page 3 of 3

Filing Fee: \$25.00