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(Re	equestor's Name)	•
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SECRETARY OF STATE
TALLAHASSEE, FLORID:

S. WARREN MAY 3 1 2017

COVER LETTER

TO: Registration So Division of Con			
	Brothers Painting, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Dale R Thompson, Jr		
		Name of Person	
	Thompson Brothers Paintin	g, LLC	
		Firm/Company	
	161 Prest Street		
		Address	
	Port Charlotte, FL 33954		
		City/State and Zip Code	
	thompsonbrotherspainting@		
	E-mail address: (to	be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	II:	
Dale R Thompson, Jr	•	941 740-3374	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 OF

Thompson Brothers Painting, LLC		
(Name of the Limite (ed Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Lia		7/2016 and assigned
Florida document number L16000154693	· ·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	- ANNO COLOR DE CONTRACTOR DE
Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/oregistered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	or registered office address on ice address here:	· ·
New Negistered Office Address.	Enter Florid	ida street address
		, Florida Zip Code
	City .	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:	·
hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist peing filed to merely reflect a change in the recompany has been notified in writing of this can	r and complete performance of n tered agent as provided for in Cl egistered office address, I hereby	my duties, and I am familiar with and hapter 605, F.S. Or <u>-if</u> this <u>do</u> cument

If Changing Registered Agent, Signature of New Registered

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Michael R Thompson	161 Prest St, Pt Charlotte, FL 3395	∃ Add
			Remove
			Change
	-		Add
		<u> </u>	□ Remove
			□ Change
	-		Add
			☐ Remove
		····	Change
	 		Add
			☐ Remove
			Change
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		.2	SECON F
			SSEE, F
			FILED OF STATE ASSEE, FLORIDA
			Change

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	ctive date, if other than the date of filing: (optional)
ffec	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
an e: ote:	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
an e: ote:	in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted inserting the date on the Department of State's records.
an e: ote: ocur	ment's effective date on the Department of State's records.
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Filing Fee: \$25.00