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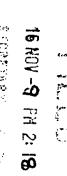
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER Registration Section Division of Corporations SUBJECT: Pas Conneccial Painting and resolvential Subject: Pas Conneccial Painting and resolvential 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: Hassie White Name of Person Pros Conneccial and residential painting and repair Services, IIC 737 Hay 22 Address

For further information concerning this matter, please call:

Hassie White at (850) 830-0771

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

Pros Connercial and residential painting and repair Services, UC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on 101281	2016 and assigned
Florida document number L16000199360		
		THE THE PARTY OF T
This amendment is submitted to amend the following:		2
A. If amending name, enter the new name of the limited l	iability company here:	9
	* 1 '1'. () Wal desired a 11 (C" and he althought will I G " " "
The new name must be distinguishable and contain the words "Limited L	lability Company," the designation "LLA	•
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	6
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or registered		ds, enter the name of the new
registered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	255
	Ŕ	lorida
	City	loridaZip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I howehy account the approintment as registered agent and		ivether agree to comply with the

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

Title Name **Address Type of Action** □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove _ Change □ Add . ☐ Remove ☐ Change ☐ Add □ Remove _□ Change

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Note:	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Aguenaber 8.2016.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00