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COVER LETTER

Division of C	Corporations		•
C. P. C. P. C. P. C.	ainting Professionals, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Jessica Wise		
		Name of Person	
	Geiger Painting Profession	als, LLC	
		Firm/Company	
	45 Seaside Drive		
		Address	
	Ormond Beach, FL 32176		
		City/State and Zip Code	
	jessica.wise229@gmail.com		
		to be used for future annual report noti	neation)
For further informatio	n concerning this matter, please c	all:	
Jessica Wise		386 843-8015 at ()	
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fo	r 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:

TO: Registration Section

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

Geiger Painting Professionals, LLC	
(Name of the Limited Liability Company as it not (A Florida Limited Liability Co.	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed	I on 03/21/2017 and assigned
Florida document number L17000064312	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	0 Y S
	HA SION
	29 29
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	9 08.2
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	9 Alie
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address
	, Florida Zip Code
City	

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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		Ormond Beach, FL 32176	□ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00