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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor				
	Hinental /	Painting + Project Liability Company	ressure.LLC	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Name of Person +al Painting Firm/Company Shalimar Address	,	24C
_	E-mail address: (concerning this matter, please ca	intertação 35	fication) AHASSEE	TILED
Name o	of Person	Area Code Daytim	ie Telephone Number	
Enclosed is a check for the	he following amount:		** G1	
\$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)	
MAIL	ING ADDRESS:	STREET/COURI	IER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 4/5201770000 76976 Florida document number ______ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) mame of the new B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Address Type of Action Name □ Add ☐ Remove ☐ Change □ Add □ Remove _ Change _ 🗆 Add ☐ Remove ☐ Change □ Add Remo T **≟E** Add <u>0</u>5 ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

Please add the EIN number 83 - 1775634 ###################################	
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The 90th day after the record is filed.	
Dated 3/20/18	arlier of:
Dated 3/80/18	
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Signature of a member or authorized representative of a member	_
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Filing Fee: \$25.00