Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	•	; ;			
	Division of Cor Fax Number	rporations ; (850)617-6383			
From: '	Phone Fax Number	: RC TAX SERVICE LLC : I20140000083 : (407)932-0040 ; (407)520-5473		:	20 SEF 28
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLUTO'S PAINTING LLC

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Electronic Filing Menu Corporate Filing Menu

COVER LETTER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLUTOS PAINTING LLC		· .	<u> </u>			
(Name of the Limited Liabili (A Florida	ty Company a Limited Liab	s it now app lity Compar	peass on our re ly)	cords.)		
The Articles of Organization for this Limited Liability C		•		•	and assig	med
Florida document number L17000088769		•	·			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	<u>ited liabilit</u>	compan	<u>y here</u> :			
The new name must be distinguishable and contain the words "Lim	nited Liability	Company,"	he designation	'LLC'' or the abb	reviation "L.L	,C.''
Enter new principal offices address, if applicable:						<u> </u>
	RESS)	·	· ·		2	<u> </u>
(Principal office address MUST BE A STREET ADDI					· · · · · · · · · · · ·	<u> 1915.</u>
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Enter new mailing address, if applicable:			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		<u> </u>	' 의사 기사
(Mailing address MAY BE A POST OFFICE BOX)	-				• •	
	-				~	, <u>a</u>
B. If amending the registered agent and/or registere	ad affina ade	Irace on o	ur records, e	nter the nam	e of the new	registere
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	or office aut	11 (32°00) 0.			<u></u> -	
			: , <u>9</u> p			
Name of New Registered Agent:	• ; . •					
		•				
New Registered Office Address:		Ente	Florida street d	uddress		
				, Florida		
		City		_, F 10T1GA	Zip Code	
a los de mora l'indua printen	ad Agent	,	100			
New Registered Agent's Signature, if changing Register	eu Mgent.					1

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>	Address	Type of Action
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effective date is listed, the dat : If the date inserted in the	e must be specific e nis block does not	nd cannot be pr : meet the app	ior to date of t licable statu	filing or more th tory filing rec	ian 90 days after fil juirements, this d	ling.) Pursuant to 603 late will not be list
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Filing Fee: \$25.00