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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations	· i	Tax
CHAIRCT	ROBBINS	PAINTING, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Abraham Robbins		
			Name of Person	
		ROBBINS PAINTING LL	.c	
Firm/Company				
		10484 Montpelier Circle		
			Address	
		Orlando, FL 32821		
			City/State and Zip Code	
		abegrobbins@gmail.com		
r.ca.	.		to be used for future annual report not	Hication)
For further i	ntormation c	oncerning this matter, please c	all:	
Abraham R			407 739-8757 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a	a check for th	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)
	iling Addres		Street Address:	-4i
	gistration S vision of C	Section Corporations	Registration Se Division of Co	
) Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ROBBINS PAINTING, LLC

(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 Company	were filed on June 9, 2017	and assigned
Florida document number L17000126411		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
PAINT MAKES MAGIC, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	e 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)		·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the n	ame of the new registered
agent and/or the new registered office address nere:		
No. 1. Chian Davis and Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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 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
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
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Abraham Rabbins		Signature of a member or authorized representative of a member
		Abraham Rabbins

Filing Fee: \$25.00