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COVER LETTER

Division of Cor	porations				
STELLAR SUBJECT:	PAINT & DESIGN LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARSHA SIHA				
		Name of Person			
	INCFILE1234@INCFILE.COM				
	Firm/Company				
	17350 STATE HWY 249 STE 220				
		Address			
	HOUSTON, TX 77064				
		City/State and Zip Code			
	EFILE1234@INCFILE.Co	OM to be used for future annual report notifi	ention)		
For further information of	oncerning this matter, please ca	·	cations		
MARSHA SIHA	enverting the matter, preuse et				
	an .	888 462-3453 at ()			
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	e 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

STELLAR PAINT	& DESIGN LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	uny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000196019		
This amendment is submitted to amend the following:	60	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1700 SAN PABLO RD S APT 105	
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32224	
Enter new mailing address, if applicable:	1700 SAN PABLO RD S APT 105	
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32224	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>	
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	AUDREY SENF	855 BEECH ST APT 111	
		SAN DIEGO, CA 92101	■ Remove
			Change
AMBR	TONY JENKINS	1700 SAN PABLO RD S	
		APT 105	□ Remove
		JACKSONVILLE, FL 32224	■ Change
			□ Add
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Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutor	(optional) ing or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed as
the record specifies a delayed The 90th day after the reco	effective date, but not an effec rd is filed.	tive time, at 12:01 a.m. on the earlier o
Dated	2018	
	Tony Jenkins	
	Signature of a member or authorized represe	entative of a member
	TONY JENKINS - MEMBER	

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Filing Fee: \$25.00