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COVER LETTER

***	ion Section r of Corporations
SUBJECT:	Color wheel custom Painting and Roof Coatings UC. Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Name of Person
	Colorwheel Custom Painting & Roof Coartings LC
	Ro Box 414 Address
	land O Lattes, FL 34639 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
D	Jame of Person at (813), 368-9594 Area Code Daytime Telephone Number
Enclosed is a check	: for the following amount:
102 \$25.00 Filing F	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

(OLORWHEEL CUSTOM PAINTING * ROOF COATINGS LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A F	lorida Limited Liab	oility Company)	i	
The Articles of Organization for this Limited Liabili	ity Company we	ere filed on	11.6-17	and assigned
Florida document number <u>L\70002295</u>	71			
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liabilit	y company her	<u>·e</u> :	
The new name must be distinguishable and contain the words	Paintin	a uc	cimulian "I I C" or thu abb	regulation "L.I. C."
The new name must be distinguishable and contain the words	Estimited Establishy	Company, the de-	signation that of the am.	REVISION 12.15.C.
Enter new principal offices address, if applicable	<u> </u>	Same		
(Principal office address MUST BE A STREET A	DDRESS)			: 4
	_			5 1
				2
Enter new mailing address, if applicable:		Same		- 177
(Mailing address MAY BE A POST OFFICE BOX	~ a		•	- F 0
Prening duaress Mary BE AT 1 051 OT TELE BOX	- 24 –			
	-			-
B. If amending the registered agent and/or r	egistered offic	e address on	our records, enter t	the name of the new
registered agent and/or the new registered office			<u> </u>	
Name of New Registered Agent:	Same			
New Registered Office Address:	Same		: _	
		Enter Florid	la street address	
	Same		, Florida	
_		City		Zip Code
New Registered Agent's Signature, if changing Regis	tered 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.

Same
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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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ective date, if other than the date effective date is listed, the date must be s	e of filing:	(optional) nan 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block of ument's effective date on the Depart	loes not meet the applicable statutory filing req	juirements, this date will not be listed as
amene s effective date off the Depart	ment of state 3 records.	
record specifies a delayed eff	ective date, but not an effective time	, at 12:01 a.m. on the earlier o
he 90th day after the record		
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(4	ature of a member or authorized representative of a	
Sign	ature of a member or authorized representative of a	member

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Filing Fee: \$25.00