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COVER LETTER

TO:	Registration Se Division of Cor			
CHDIE	Palmetto Pa			
SUBJE	CI:		ited Liability Company	·
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		Sandy Whitfield		
			Name of Person	
		DayPro Business Services	LLC	
			Firm/Company	
		637 3rd Street		
			Address	
		Chipley, FL 32428		
		sandy@daypro.biz	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furtl	her information c	oncerning this matter, please c	all:	
Sandy Whitfield		850 625-2772		
	Name o	f Person	at () Area Code — Daytin	me Telephone Number
Enclosed	d is 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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palmetto Paint LLC		9 S
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	Fig. 9 71
		REAL BY
The Articles of Organization for this Limited Liability Company	were filed on December 19, 2017	rand assigned
Florida document number L17000258458		2 P
This amendment is submitted to amend the following:		PH 2: 45
A. If amending name, enter the new name of the limited liab	oility company here:	
Palmetto Paint PC LLC		
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:		
(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	address on our records, enter the	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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		- <u>-</u>	Change
			DAdd
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fective date, if other than the in effective date is listed, the date mote: If the date inserted in this becament's effective date on the I	ust be specific and cann block does not meet t	ot be prior to date the applicable s			ing.) Pursuant to 605.
ecord specifies a delayed effecti is filed.	ve date, but not an e	ffective time, a	t 12:01 a.m. on the	e earlier of: (b)	The 90th day after
	20	20			
ted					
ated January 24	Signature of a memb	<u> </u>			

Filing Fee: \$25.00