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PICK-UP WAIT MAIL
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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
eun u		BLE PAINTING LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		KYLE W. HOOPINGARI	VER	
			Name of Person	
		IMPECCABLE PAINTIN	G LLC	
			Firm/Company	
		3608 PATTEN AVE		
			Address	
		ELLENTON, FL 34222		
			City/State and Zip Code	
		KYLE.HOOPINGARNER(~	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please co	all:	
KYLE	. W. HOOPINGAE	RNER	941 840-8580	
	Name of	Person	at ()	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2:	5.00 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:

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

IMPECCABLE PAINTING LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
ion for this Limited Liability Company were filed on 05/07/2018	and a

The Articles of Organization for this Limited Lia	bility Company were filed on 05/07/2018	and assigned
Florida document number L18000113437		•
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
IMPECCABLE PAINTERS LLC		••
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	or the abbititation "E.C"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	FLOAD P
B. If amending the registered agent and/o registered agent and/or the new registered offi		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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, 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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		(optional)	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00