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COVER LETTER

	egistration Se ivision of Cor		•	
SUBJECT		Franchise LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Julie Johnson		
		E 1: E 1: 110	Name of Person	
		Finelines Franchise LLC	Firm/Company	
		10341 Palmgren Lane	, and company	
			Address	
		Spring Hill FL 34608		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For further	information c	oncerning this matter, please ca	dli:	
Julie Johns			727 253-6564 at () Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.0 0	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

Finelines Franchise 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 August 02, 2018 and assigned Florida document number ____L18000185299 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 uddress , Florida City

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
MGRM	Dennis Johnson	10341 Palmgren Ln Spring Hill FL 34608	\exists Add
		•	Remove
			□ Change
MGRM	Julie Johnson	10341 Palmgren Ln Spring Hill FL 34608	
			Remove
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fective date, if other than the of an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	date of filing:	oplicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuant to 605.07 this date will not be listed
record specifies a delayed The 90th day after the reco	effective date, but rd is filed.	t not an effecti	ve time, at 12:0	01 a.m. on the earlier
	2018			
ited August 31	·	·		
ated August 31	. 2018	· ·		
ated August 31	ignature of a member or	authorized represents	ative of a member	

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Filing Fee: \$25.00