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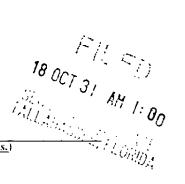
COVER LETTER

	legistration Sec Division of Corp			
SUBJECT		NTING LEC		
3013/12	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	urn all correspor	ndence concerning this matter	to the following:	
		PATRICK J RICHARDS		
			Name of Person	
		TAG'S PAINTING LLC		
			Firm/Company	
		1620 ORACLE DR		
			Address	
		RUSKIN, FL 33573		
			City/State and Zip Code	
		SHADOWLAB2012@GM.		
			to be used for future annual report notif	ication)
For furthe	r information co	ncerning this matter, please ca	all:	
PATRICE	C J RICHARDS		813 505-2926 at () Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for the	e following amount:		
\$25.00	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



TAG'S PAINTING 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 Liabil	lity Company were filed on 08/08/2018	and assigned
Florida document number L18000190330		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	.
B. If amending the registered agent and/or registered agent and/or the new registered office	***	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	, FI	lorida Zip Code
N Barina and Array Circumstate if the sairs David		Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered agency is accept the appointment as registered agency is accept the obligations of my position as register being filed to merely reflect a change in the register company has been notified in writing of this change in the registered.	gent and agree to act in this capacity. I fu and complete performance of my duties, a red agent as provided for in Chapter 605, istered office address. I hereby confirm th	nd I am familiar with and F.S. Or, if this document is

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CORY RYNO	16851 PEACEWFUL VALLEY DR, WIMAUMA, FL 33598	Add
			Remove
			Change
mer	CAtherine Weis	2206 Tanglewood Way, Bandon,	F1
		,	Remove
			Change
MER	Austin Hatfield	16851 Peaceful Valley Dr Winguma, Fl 33588	X Add
			□ Remove
			Change
			□ Add &
			□ Remove
			Change
			Add 6
			☐ Remove
			Change
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fective date, if other than to meffective date is listed, the date is	he date of filing:	at ha prior to	data at filing o	man than 90 day	(optional)	Pursuant to 605 020
ote: If the date inserted in this	block does not meet t	he applicabl	le statutory fil	ing requiremen	ts. this date v	vill not be listed a:
cument's effective date on the	Department of State's	s records.				
record specifies a delay The 90th day after the r		but not a	an effective	e time, at 12	:01 a.m. c	n the earlier o
The 90th day after the r	ecord is filed.					
OCTOBER 24TH	20	18				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00