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COVER LETTER

TO:	Registration So Division of Cor			d.		
SUBJE		Paints & Stains, LLC		V.		
SOBJE	C.1.	Name of Limited Liability Company				
		Amendment and fee(s) are sub	_			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		Cassandra S Brennan AM	BR			
			Name of Person			
		American Paints & Stains.	LLC			
			Firm/Company			
		1300 N Horse Prairie Rd				
			Address			
		Inverness FL 34450-1875				
			City/State and Zip Code			
		americanpaintsandstains@s				
		E-mail address: (to be used for future annual report notifi	cation)		
For furth	ner information c	oncerning this matter, please c	all:			
Cassandra S Brennan AMBR			706 \$09-8424			
	Name o	f Person		Telephone Number		
Enclose	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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAILI	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Paint And Stain, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number 1.19000062110 This amendment is submitted to amend the following:	
· · · · · · · · · · · · · · · · · · ·	
A If any discount of the second of the secon	
A. If amending name, enter the new name of the limited liability company here:	
American Paints & Stains, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "ELC" or the abbreviat	aon "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)	
inding data as may be a rost of the body	
B. If amending the registered agent and/or registered office address on our records, <u>enter the n</u> registered agent and/or the new registered office address here:	name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florida	
New Registered Agent's Signature, if changing Registered Agent:) Code

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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Address</u> <u>Nam</u>e Type of Action Title _□ Add _□ Remove Change □ Add ☐ Remove ___ Add ☐ Remove _____ Change □ Add _□ Remove _□ Remove _ Change □ Add ☐ Remove

☐ Change

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Iffective date, if other than to an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	block does not meet the appl	icable statutory filing re	(optional) than 90 days after filing.) Pursi quirements, this date will n	uant to 605.020 not be listed a
e record specifies a delay The 90th day after the r	ed effective date, but r ecord is filed.	ot an effective tim	e, at 12:01 a.m. on th	ne earlier d
June 14th Dated	2019			
		 ·		
	Signature of a member or au	the size of page 1 and 1	a member	
	Signature of a member of au	aratizea representative 013	r memora	

Page 3 of 3

Filing Fee: \$25.00