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R. WHITE

COVER LETTER

TO:	Registration Se Division of Cor		•		
eub it		AINTING LLC			
Name of Limited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Jeffrey R. Hast			
			Name of Person		
		1407 Birch Creek dr.	Firm/Company		
		Orlando, FL 32828	Address		
			City/State and Zip Code		
		jeffhast@live.com E-mail address: (to be used for future annual report notifi	cation)	
For fur	ther information c	oncerning this matter, please co	ali:		
Jeffrey	Hast		407- 613-6682		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$ 25	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:

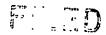
TO:

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



INDIGO PAINTING LLC		2019 APR -4 PH 12: 09
(Name of the Limit	ted Liability Company as it now appear (A Florida Limited Liability Company)	·····
		rs on our records.)
The Articles of Organization for this Limited L	iability Company were filed on M	arch 6, 2019 and assigned
Florida document number L19000064822	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	<u>ere</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company." the o	esignation "LLC" or the abbreviation "L.L.C."
Ţ.	, , ,	
Enter new principal offices address, if appli-		
<u>(Principal office address MUST BE A STREI</u>	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
	 	
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 o	ffice address here:	
Name of New Registered Agent:	Jeffrey R. Hast	
New Registered Office Address:	1407 Birch Creek Dr.	
	Enter Floi	rida street address
	Orlando	Florida 32828
	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
MGR	Jeffrey R. Hast	1407 Birch Creek dr. Orlando, FL 32828	_
			— D
	Richard Hast		☐ Change
MGR			
			Remove
			Change
			Add
			Remove
			
			□ Remove
			□ Change
			
			Remove
			☐ Change
			□ Add
			Remove
			Change

		·····
<u></u>		
		
		
	March 27, 2019	
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	e date of filing: ust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fil	(optional) r more than 90 days after filing.) Pursuant to 605.0207 (3 ling requirements, this date will not be listed as the
the record specifies a delayed) The 90th day after the re		e time, at 12:01 a.m. on the earlier of:
Dated March 27	2019	
*	Shen n h	
	Signature of a member or authorized representati	

Page 3 of 3

Typed or printed name of signee