# L19000103274

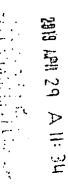
| (Requestor's Name)                      |
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MAY 10 2019 T. LEMIEUX

#### **COVER LETTER**

Division of Corporations Above Expectations Painting & Design LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph Waugh Name of Person Above Expectations Painting & Design LLC Firm/Company 8342 Hitchcock Dr Address Pensacola FL 32514 City/State and Zip Code jodi76t@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Waugh Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$55.00 Filing Fee & Certified Copy \$60.00 Filing Fee. Certificate of Status &

MAILING ADDRESS:

☐ \$30.00 Filing Fee & Certificate of Status

□ \$25.00 Filing Fee

TO:

Registration Section

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

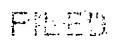
STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Above Expectations Painting & Design LLC

28H APR 29 A II: 34

| ( <u>Name of the Limited Liability</u><br>(A Florida L  | Company as it now appea<br>imited Liability Company) | rs on our records.)                            |  |  |
|---|--|--|--|--|
| The Articles of Organization for this Limited Liability Cor<br>Florida document number L19000103274   | npany were filed on $\frac{A}{a}$                    | pril 15, 2019 and assigned                     |  |  |
| This amendment is submitted to amend the following:   |  |  |  |  |
| A. If amending name, enter the new name of the limite   | d liability company h                                | ere:   |  |  |
| The new name must be distinguishable and contain the words "Limite  | d Liability Company," the                            | designation "LLC" or the abbreviation "L.L.C." |  |  |
| Enter new principal offices address, if applicable:   | Joseph Waugh   | Joseph Waugh                                   |  |  |
| Principal office address MUST BE A STREET ADDRE   | SS) 8342 Hitchcock                                   | c Dr   |  |  |
|   | Pensacola SL 3                                       | 2514   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address of Niana Pagistered Agents.  Josepp W. | ss here:   | n our records, <u>enter the name of the na</u> |  |  |
| Name of New Registered Agent.   |  |  |  |  |
| New Registered Office Address: 8342 Hit   | cheock Dr<br>Enter Flo                               | orida street address                           |  |  |
| Pensacol  | a  | , Florida <sup>32514</sup>                     |  |  |
|   |  | , 1 101 104                                    |  |  |

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.

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>  | <u>Address</u>                        | Type of Action |
|--------------|--------------|---------------------------------------|----------------|
| MGR          | Jodi Taylor  | 8342 Hitcock Dr<br>Pensacola FL 32514 | Add            |
|              |              |                                       |                |
|              | Land Warah   | S2 12 Hite cale De                    | ☐ Change       |
| MGR          | Joseph Waugh | 8342 Hitcock Dr<br>Pensacola FL 32514 | ■ Add          |
|              |              |                                       | Remove         |
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|   |   |  |                   |                                       |                        |                                    |
| Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the | must be specific and c<br>s block does not me | cannot be prior to<br>ret the applicab | date of filing or | nore than 90 days                     | after filing.) Pursuar | nt to 605.0207 (<br>be listed as t |
| ne record specifies a dela<br>The 90th day after the  |   | ite, but not                           | an effective      | time, at 12:                          | 01 a.m. on the         | earlier of:                        |
| Dated April 24  |   | 2019                                   | _ •               |                                       |                        |                                    |
|   |   |  |                   |                                       |                        |                                    |
|   | 1 . 1   | 1. /                                   |                   |                                       |                        |                                    |
|   | Signature of a mo                             | ember or authori                       | zed representativ | e of a member                         |                        | <del></del>                        |

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Filing Fee: \$25.00

### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

|                          | •  |  | _   |
|--------------------------|--|--|---|
| Nar                      | me of the limited liability company: Above   | Expect   | ations Painting + Design  |
|                          | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (b)  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                          | Pensocola FL 32514   |  |   |
| -                        | 4/a4/a0/9 Date of filing/registration in Florida   | <u>L1</u>  | 9000103274<br>Document number   |
| 43                       | Jodi Taylor  |  |   |
| (a)                      | Registered Agent and Registered Office shown on the records of   | the Florida Dept. o                                | f State:  |
|                          | 8342 Hitchcock Dr  |  |   |
|                          | Registered Office Address (MUST BE FLORIDA STREET)   | <u>ADDRESS)</u>                                    |   |
| •                        | Pensacola FL   | 32514  | <del></del><br>1  |
| (b) _                    | Joseph Waugh Enter name of NEW Registered Agent and/or NEW Registered  | Office address:                                    |   |
|                          | 8342 Hitcock D<br>NEW Registered Office Address:   | .Y   |   |
|                          | Pensacola FL   | 3251   | <u> </u>  |
| e char<br>ent w<br>s/wei | nited liability company is not organized under the lavage or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of the organization or the operating agreement of the | the registered cability company of the limited lia | office and the business office of the registered<br>the change(s) oblition is the change (s) oblition or as otherwise provided in |
|                          | tre of a member or authorized representative of a member   | Jese   | Printed or Uped name of signee  |
| rereb                    | y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as providedly reflect a change in the registered office address, I is   | ree to act in this                                 | capacity. I further agree to comply with the  |

Signature of Registered Agent

## State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of ABOVE EXPECTATIONS PAINTING & DESIGN LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on April 15, 2019 effective April 15, 2019, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L19000103274.

Authentication Code: 190423164351-600328009266#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty Third day of April, 2019



Laurel M. Lee Secretary of State