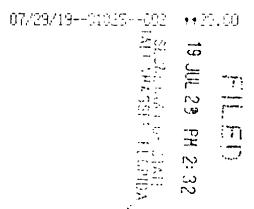
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Special Instructions to Filing Officer:
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WE CHANGEDER

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	LEVI'S FINE	E FINISHES LLC			
SUBJECT.		Name of Limi	ited Liability Company		_
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		VELASQUEZ PEREZ, CR	ISANTO L		
			Name of Person		
		LEVI'S FINE FINISHES I.	LC		
			Firm/Company		
		5771 ELMHURST RD			
			Address		
		WEST PALM BEACH FL	33417		
		chriss_levis@hotmail.com	City/State and Zip Code		
		E-mail address: (t	to be used for future annual r	report notification	n)
For further i	nformation co	ncerning this matter, please ca	all:		
CRISANTO	VELASQUE	z	561 856 at ()	5-2460	
	Name of	Person	Area Code	Daytime Tele	phone Number
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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 TOARTICLES OF ORGANIZATION **OF**

LEVI'S FINE FINISHES 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 $\frac{04/29/19}{1}$ and assigned 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 "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) 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 address 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	VELASQUEZ PEREZ, CRISANTO L	5771 ELMHURST RD WEST PALM BEACH, FL 33417	■ Add
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n effective date is listed, the date moter. If the date inserted in this becament's effective date on the line.	ust be specific and cannot b block does not meet the	applicable statutor	ig or more than 90 day	s after filing.) Purst	ant to 6 ot be li	05.020 sted a
record specifies a delaye The 90th day after the re		ut not an effec	tive time, at 12	01 a.m. on th	ie ear	lier c
July 22nd	, 2019	·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00