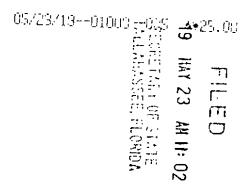
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COVER LETTER

IO:	Division of C			المنه المنه
SUBJE		NISHING LLC	••	
30000	(.)	Name of Lin	nited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		STEVE A GONZALEZ		
			Name of Person	
			Firm/Company	
		418 SW 5TH AVE		
			Address	-
		FLORIDA CITY, FL 330.	34	
			City/State and Zip Code	·
		ALLMAINTSERVICES@	GMAIL.COM	
		E-mail address: (to be used for future annual report no	stification)
For furth	er information	concerning this matter, please c	all:	
STEVE	A GONZALE	Z	786 5256099 at ()	
	Name	of Person		me Telephone Number
Enclosed	l is a check for	the following amount:		
\$25.0	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:

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

ASAP FINISHING LLC	any as it now appears on our records.)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000123873	y were filed on 05/07/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
A.S.A.P FINISH LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		
		超 五
		23 田
Enter new mailing address, if applicable:		9 2 0
(Mailing address MAY BE A POST OFFICE BOX)		27 =
muning data tas mar me are to the more	··	5 m 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	ida Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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cament's effective date on the Department of State's records.	date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a	.m. on the earlier o
The 90th day after the record is filed.	
MAY 16 2019	
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Signature of mumber of atthorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00