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ME OF TO

Div	usion of Cor	porations		
SUBJECT:	Method Pai	nters LLC		
oobouc i.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Carlos Colon		•
			Name of Person	
		Method Painters LLC		
			Firm/Company	
		7860 Copperfield Ct		
			Address	
		Orlando, FL 32825		
			City/State and Zip Code	
		Carlos Colon <carlosacolon< td=""><td>-</td><td></td></carlosacolon<>	-	
		E-mail address: (to be used for future annual report not	ification)
For further i	nformation co	oncerning this matter, please ca	all:	
Carlos Colo			407 864-0704 at ()	ne Telephone Number
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		<i>†</i>
\$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)

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

TO: Registration Section

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

Method Pair	y Company a it now appears on our records.)
(<u>Name of the Limited Liability</u> (A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 5/8/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	<u>ESS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	tered office address on our records. enter the name of the new
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi-	ress here:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Florida
	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

<u>Title</u>	Name	Address	Lype of Action
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Filing Fee: \$25.00