9/4/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 : (941)625-1925 Phone ; (941)625-1526 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **:

Email Address: info@finishthatspace.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FINISH THAT SPACE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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Corporate Filing Menu

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SEP 05 2019

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

| Finish That Space, LLC | | | ं |
|--|---|---|--|
| (Name of the Limi | ted Liability Compa (A Florida Limited | any as it now appears Liability Company) | on our records.) |
| The Articles of Organization for this Limited I | Liability Company | were filed on 8/14/ | 2019 and assigned |
| This amendment is submitted to amend the fol | - | | |
| A. If amending name, <u>enter the new name</u> | of the limited liab | ility company here | ای مر |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the desi | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 1300 Enteprise Dr | |
| Principal office address MUST BE A STRE | | Ste D | |
| | | Port Charlotte, FL | 33953 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 1811 Englewood I | Road |
| | | #216 | |
| | | Englewood, FL 34 | 223 |
| B. If amending the registered agent and registered agent and/or the new registered. Name of New Registered Agent: | | <u>e</u> : | our records, enter the name of the r |
| | 1300 Enteprise | Dr Ste D | |
| New Registered Office Address: | | | a street address |
| | | | |
| | Port Charlotte | | , Florida ³³⁹⁵³ |

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

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Ρ

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 |
|--------------|------------------|---------------------|----------------|
| | Steven Ouellette | 1811 Englewood Road | |
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| ffective date, if other than the date of f an effective date is listed, the date must be specific ote: If the date inserted in this block does re- noument's effective date on the Department | ot meet the applicable s | e of filing or more than 90 da | (optional) ys after filing) Pursuant to 605 nts, this date will not be liste | .0207 ed as |
| e record specifies a delayed effectiv The 90th day after the record is fil | e date, but not an ed. | effective time, at 12 | 2:01 a.m. on the earlie | er o |
| ated September 3rd | 2019 | | | |
| Others to | | | | |
| | | | | |
| Signature | if a member or authorized | representative of a member | | |

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