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TO:	Registration Sec Division of Corp			
0 F 1 W T F	Hozho Pain	ting, LLC		
SUBJE	C1:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subtendence concerning this matter to		
ricasci	eturi an correspo	Michael A. Scott, Esq.	as the tollowing.	
			Name of Person	
		Dorcey Law Firm, PLC		
			Firm/Company	
		10181 Six Mile Cypress Pk	wy, Suite C	
			Address	
		Fort Myers, FL 33966		
		mike@dorceylaw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please ca	ail:	
Michae	el A. Scott, Esq.		239 418-0169 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$ 2	5.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 100 C 100 C 100 C OF

Hozho Painting, 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 Comp	pany were filed on 11/1/2019	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 I	Liability Company," the designation "LLC"	" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street addres	s
		orida
	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 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

AUIDK	Authorized Member		
<u>Title</u>	<u>Name</u>	Address 10 PH 3: 13	Type of Action
MGR	SHEWMAKER, JAMES	Address 3272 ARALIA COURT	□ Add
		ALVA, FL 33920	□Remove
		□Add	
			🗀 Remove
		Change	
		□ Add	
		□ Remove	
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) 21 OCT 19 Pir S: 13
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Effective	e date, if other than the date of filing: (optional)
f an effect Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
e record : rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	8/23/2021
Dated _	8/23/2021
	Docusigned by:
	James Gordon Shewmaker 28857C1818C1465 Signature of a member or authorized representative of a member
	28857C 1818C 1465 Supertury of a mamber or authorized consecutative of a mamber
	Signature of a memoer of audiorized representative of a member
	James Gordon Shewmaker