## LACOCOPIUS

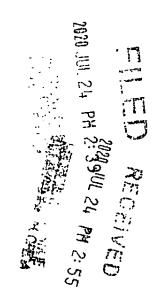
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JUL 2 7 2020 S. YOUNG

	•		COVER LETTER					
	2 egistration Se ivision of Cor		a	* *				
SUBJECT	4 WAY PAINTING AND CONSTRUCTION LLC							
001001001	•	Name of Lin	nited Liability Company					
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please retu	rn all correspo	ndence concerning this matter	to the following:					
		YARED BALLO						
			Name of Person					
	Firm/Company							
		2307 TRIMBLE RD						
		Address						
		TALLAHASSEE, FL 32303						
		City/State and Zip Code						
		E-mail address: (	to be used for future annual report notif	ication)				
For further	information co	oncerning this matter, please c	all:					
YARED B	<u>-</u>		850 251-4434 at ()					
	Name of	Person	Area Code Daytime	e Telephone Number				
Enclosed is	a check for the	e following amount:						
\$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

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 OF

4 WAY PAINTING AND CONSTRUCTIO	N LLC	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability (	Company were filed on 01/15/202	and assigned
Florida document number L20000009844	<del></del> ·	P
This amendment is submitted to amend the following:		72.3
A. If amending name, enter the new name of the lim	ited liability company here:	. 0
4 WAY PAINTING, CONSTRUCTION AND CLEANING	i LLC	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records	enter the name of the new registered
agent and/or the new registered office address here:		
N. O. D. C.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	l 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

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
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			□Remove
			□Change
		<del></del>	□Add
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cord specif filed.	fies a delayed effe	ective date, b	ut not an effec	tive time, at 13	2:01 a.m. on the	earlier of: (b)	The 90th day after	r the
ed <u>07</u>	25/20	20						
<del></del>	·	Signature	of a member o	or authorized ren	resentative of a m	ember	····	
		0.5				*****		

Filing Fee: \$25.00