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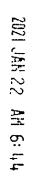
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COVER LETTER

TO: Registration Division of	n Section Corporations	•	•
	TER PAINTING & PRESSURE.	. LLC	
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
	SUE HUNTER		
		Name of Person	
	HUNTER PAINTING AI	ND PRESSURE CLEANING, LLC	:
	<u> </u>	Firm/Company	
	508 PENDLETON PL		
		Address	
	VENICE, FL 34292		
		City/State and Zip Code	
	LJMASONCPA@TAMP/	NBAY.RR.COM	
	E-mail address:	(to be used for future annual report no	tification)
For further information	on concerning this matter, please	call:	
LINDA MASON		941 447-3265 at ()	
Nan	ne of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration So	nation
	f Corporations	Division of Co	
P.O. Box 6	5327	The Centre of	Tallahassee
Tallahasse	e, FL 32314	2415 N. Monro	oe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2021 JAN 22 AM 6: 44

R HUNTER PAINTING & PRESSURE, LLC

N FING & PRESSURE, 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 Company were filed on $\frac{01/16/2020}{1}$ and assigned Florida document number L20000024023 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HUNTER PAINTING & PRESSURE CLEANING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____, Florida ____

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 Address 2021 JAN 22 AM 6: 44 AMBR = Authorized Member **Title** Name Type of Action □Add _____ 🗀 Remove ______ Change _____ □Add ____ □Change _____ □Change

_____ □Change

	2021 JAN 22 AM 6: 44
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Effective date, if other than the date if an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (does not meet the applicable statutory filing requirements, this date will not be listed as t
e record specifies a delayed effective dat	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
IANUARY IO	2021
	2021

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Filing Fee: \$25.00