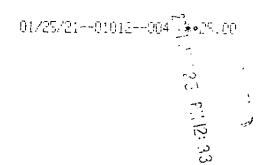
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(Requestor's Name)
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JAN 25 2021 I ALBRITTON

COVER LETTER

TO: Registration So Division of Cor			•
subject: <u>Емм</u>	ett's Painting Name of Lin	and Pressure U	Jashing LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas	Emme H Name of Person	
	Emmett's Pain	ting and Pressure	Washing
	70 Arbor V.	EW Drive	
	Crawforduit	City/State and Zip Code	32327
	TLEmmett 12 E-mail address: (270 g mail. com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
Thomas E. Name o	MMEH I Person	at (<u>404</u>) <u>615</u> - Area Code Daytime	4483 Telephone Number
Enclosed is a check for the	he 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

Emmett's Paint	d Liability Compa A Florida Limited	Pressure Warny as it now appears on our Liability Company)	shine L.L	<u>C.</u>
The Articles of Organization for this Limited Lie Florida document number <u>LZOCOC</u>	ability Company 31839	were filed on $2-5$	-20	and assigned
This amendment is submitted to amend the follo	wing:			J. 33
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREE)	ıble:	10 Arbor Crawfordu		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	shere: Thom	address on our records, as Emmett View Prive Emer Florida street Stordville	address _, Florida _ 32	the new registered

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>	Name	Address	Type of Action
 			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
		 	□Remove
			□Change
			□Add
			□Remove
			
			□Add
		 	Remove
			Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: [an effective date, if other than the date of filing: [an effective 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 6207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The ecord 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 dis filed. Dated [1, 25] 2021. Signature of a member or authorized representative of a member Thomas Eman H. Syped or printed name of signee.		
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		the state of

Filing Fee: \$25.00