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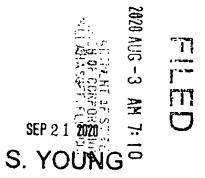
(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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COVER LETTER

Registration Section Division of Corporations

TO:

Making It I	Right Painting & Flooring LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analogue Agricles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Vanessa Singleton		
		Name of Person	
	Making It Right Painting &	E Flooring LLC	
		Firm/Company	
	4190 Plantation Oaks Blvd	I. Unit 1324	
		Address	
	Orange Park, FL 32065		
		City/State and Zip Code	
	makingitrightllc@gmail.cor	11	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Vanessa Singleton		347 885-5533	
Name (of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
X S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Making It Right Painting & Flooring 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 March 19, 2020 Florida document number 1,20000085819 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 7901 4th St N Enter new principal offices address, if applicable: STE 300 (Principal office address MUST BE A STREET ADDRESS) St. Petersburg, FL 33702 7901 4th St N Enter new mailing address, if applicable: STE 300 (Mailing address MAY BE A POST OFFICE BOX) St. Petersburg, FL 33702 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tyshawn Singleton	7901 4th ST N	□Add
		STE 300	≣Remove
		St. Petersburg, Fl. 33702	
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(It an effer <u>Note:</u> I	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	July 28 . 2020
	Signature of a member of authorized representative of a member
	Typed or printed name of signale

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