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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| (Busiliess Enuty Name) |
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ALLAHASSEE, FLOO

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of 3/30/2022

COVER LETTER

| TO: Registration Sec Division of Corp | porations | | |
|--|---|---|--|
| SUBJECT: | 1 - 1 - 1 | ted Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are subt | nitted for filing. | |
| Please return all correspon | ndence concerning this matter t | to the following: | |
| | Emil | Y POWPH- APHU Name of Person | |
| | | Firm/Company | |
| | 600 Eugen | Address | |
| | | Address Na Stee, FL, 32 City/State and Zip Code | |
| | e-mail address: (t | City/State and Zip Code 8 23 | cation) |
| For further information co | oncerning this matter, please ca | all: | |
| Emily Name of | POWELL - ABYEU | at (305) 847 - Area Code Daytime | 1996 Telephone Number |
| | | | |
| Enclosed is a check for th | 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 \$10 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

| 0 | F | |
|---|--|-----------------------------------|
| Painted PUE | M LLC | 2022 MAR 30 PM 3: 02 |
| (Name of the Limited Liability Compa (A Florida Limited I | inv as it now appears on our rec Liability Company) | ords.) TALLAHASSEE, FI |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 20 000 20 9698</u> | were filed on 7 21 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "I | .LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 600 Eugeniz | St Apt 322 -L, 32310 |
| (Principal office address MUST BE A STREET ADDRESS) | Tallahasser, F | -L, 3)310 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | BOO Eugeni Tallahassee, FL | 2 St ppt 322 - 32310 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, en | ter the name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street ad | dress |
| | | |
| | City | , Florida 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

| Title | Name | Address | Type of Action |
|-------|--------------------|---|----------------|
| MATE | | | □Add |
| | | | □Remove |
| | | | □Change |
| AMBR | Emily Pruell-Abrou | 600 Eugenia St. Apt 302 | 🗆 Add |
| | · | 600 Eugenia St. Apt 302 Tallahassee FL 32310 | □Remove |
| | | | /\sum_Change |
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| _ | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| If an eff <u>Note:</u> | ive date, if other than the date of filing: |
| ed is fi | d 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 led. |
| Dated | March 30th 2022 G. Brill |
| | G. Will |
| | Signature of a member of authorized representative of a member |
| | Emily Powell - Abyou Typed or printed name of signee |

Filing Fee: \$25.00