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| SHRIFCT: | SUPERIOR | R PAINTING AND RENOVA | TIONS, LLC | | |
| SOBJECT. | | Name of Limited Liability Company | | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | Melonie Williams | | | |
| | | | Name of Person | | |
| | | Willham Accounting, LLC | • | | |
| | | | Firm/Company | | |
| | | Name of Person Willham Accounting, LLC Firm/Company PO Box 7832 Address Wesley Chapel, FL 33545 City/State and Zip Code melwilliams@willhamaccounting.com E-mail address: (to be used for future annual report notification) terning this matter, please call: at (| | | |
| | | | Address | | |
| | | Wesley Chapel, FL 33545 | | | |
| | | | City/State and Zip Code | | |
| | | _ | • | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | |
| For further in | formation co | oncerning this matter, please ca | all: | | |
| Melonie Will | liams | | | | |
| | Name of | Person | Area Code Daytime | : Telephone Number | |
| Enclosed is a | check for th | e following amount: | | | |
| ≡ \$25.00 Fi | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy | |
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TO:

Registration Section

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

SUPERIOR PAINTING AND RENOVATIONS, 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 August 28, 2020 and assigned Florida document number <u>L20000268966</u> 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" of 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) ۻ 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: Willham Accounting LLC Name of New Registered Agent: 4727 Red Pine Way New Registered Office Address: Enter Florida street 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

Wesley Chapel

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 |
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| - | _ | Signature of a | member or auth | norized representa | tive of a member | | |
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