L21000041027

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Prime Panton and Staining all Name addimited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following
Michael Higgins
Prime Painting and Staining
2380 10th od SW # 330
Very Beach Cuty/Sittle and Zip Code City/Sittle and Zip Code Limit address (to be used for future arisusal regard notification) Comparison of the code of the c
For further information concerning this matter, please call
Millian Hayan at 1712, 212 - 6871 Area Code Daytime Telephone Number
Enclosed is a check for the following amount 1850.00 Filing Fee & 1850.00 Filing Fee & 1855.00 Filing Fee & 1850.00 Filing Fee &

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

Name of the Limited Lightity Company (A Fforda Limited Lia	as it now appears on our records.)	200.1 FE
The Articles of Organization for this Limited Liability Company w Florida document number <u>L210000410</u> .27	vere filed on 121 2021	and assigned
This amendment is submitted to amend the following.		સ
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	<u>ن</u> ي ن
The new name must be distinguishable and constant the words "Limited Liability		obreviation "L.I. C."
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 ad agent and/or the new registered office address here:	dress on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent.		
New Registered Office Address	Enter Florida street address	
	Florida	
	Cim	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
the recorders fi	rd 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	Min recleving.
	Signature of a member or authorized representative of a member
	Michael Himing
	Typed or/printed name of signee

Filing Fee: \$25.00