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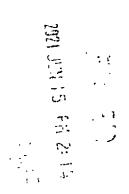
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## **COVER LETTER**

	egistration Sectivision of Corp		,	
oren incen		INTING AND DRYWALL, L	.LC	,
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of 7	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspoi	idence concerning this matter	to the following:	
		CHADWICK T. COREY		
			Name of Person	
		ACCOUNTING & TAX S	OLUTIONS OF FLORIDA, LLC.	
			Firm/Company	
		3707 26TH ST W		20
			Address	
		BRADENTON, FL 34205		2021 JUNE 15
		INFO@MYTAXPROFL.CO	City/State and Zip Code	<u></u>
			to be used for future annual report noti	fication)
For furthe	r information co	oncerning this matter, please ca	all:	យា
CHADWI	CK T. COREY		941 782-8577	
	Name of	Person		e Telephone Number
Enclosed i	is a check for th	c following amount:		
<b>■</b> \$25.0°	0 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)
F D F	Mailing Address Registration S Division of C P.O. Box 632 Fallahassec, F	Section orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 03/23/2021 and assigned
Florida document number L21000135198	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	<u>apany here</u> :
BART'S PAINTING & DRYWALL REPAIR, LLC.	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Ži.
	<u>-</u>
Enter new mailing address, if applicable:	ರು 
•	2:
(Mailing address MAY BE A POST OFFICE BOX)	
	$ \bar{g}$

## 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
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			Remove
			□Add
			☐Remove
			Remove  132 122 132 133 □ Change
			تا ت □Add
		······································	∵ ☐Remove
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			□Add
			□Remove
			□Change
			□Add
			□Remove
			⊡Change

	<u> </u>
	;-
	C)
ective date, if other than the date of filing:	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.03
e: If the date inserted in this block does not meet the appli	icable statutory filing requirements, this date will not be listed
ument's effective date on the Department of State's record	\$.
	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ed	·
Signature of Amember or aut	
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Typed or printed name of signee