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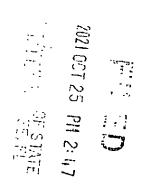
(Requestor's Name)
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A. BUTLER NOV 05 2021

COVER LETTER

Division of Corp						
	NOWADAYS PA	AINTING & GLASS LLC · · •				
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.				
	ndence concerning this matter t					
r rease return an correspo	ndence concerning and maker t	io ino tono mig.				
	LOVETTE DOBSON					
	·	Name of Person				
		Firm/Company				
	17350 STATE HWY 249 S	STE 220				
		Address				
	HOUSTON, TX 77064					
		City/State and Zip Code				
	EFILE1234@INCFILE.CO					
	E-mail address: (1	to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please ca	all:				
LOVETTE DOBSON		1 888-462-345 at ()	53			
Name of Person		Area Code Daytim	ne Telephone Number			
	6.11					
Enclosed is a check for the	_		□ 660 00 FIF = F==			
\$25.00 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 Address Registration S		<u>Street Address:</u> Registration Se	ection			
Division of C		Division of Corporations				
P.O. Box 632	•	The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOWADAYS PAINTING & GLASS LLC

(Name of the Limited Linbility	Company as it now appears on or	Herefords, 25 PH 2-1.0
(A Florida L	Company as it now appears on of Climited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L21000367699	mpany were filed on <u>08/16/20:</u>	21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
		and the second s
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	is, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	Lip 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
AMBR	EDMOUNDO EDMOND	202 OCEAN BREEZE APT 15	= Add
		LAKE WORTH, FL 33460	□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			Remove
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Note: If t	he date inserted	than the date of e date must be speci in this block does on the Departmen	not meet the	e applicable sta	of filing or more tutory filing r	than 90 days after equirements, thi	onal) filing.) Pursuant to 66 s date will not be lis	05.0207 (sted as t
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Data: OC	TOBER 18		2021	l				
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			-C 10					
		Signatur	e of a member	or authorized re	presentative of	a member	<u> </u>	