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PICK-UP	WAIT	MAIL
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IVISION UT VERTURATION TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Secti Division of Corpo	rations		
SUBJECT: A+S	paint and Name of Limit	body LLC ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Stephe	n Blunt Name of Person	
	4724	Firm/Company Rufferia Address	Rd
	OS Paint c	City/State and Zip Code  and body 13(a) code  o be used for future annual report notif	2305 gma:/, com deation)
	neerning this matter, please ca		266-2244
He phen Name of I	13 Lyrt	at (850) Area Code Daytime	e Telephone Number
Enclosed is a check for the	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)
Marting Address		Street Addraws	

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

A+ > paint	and body! LLC	
( <u>Namelof the Limited Li</u> (A Fl	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili		l
This amendment is submitted to amend the followin		
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	—
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
	I SEP 20	
Enter new mailing address, if applicable:	<u> </u>	<u>,                                    </u>
(Mailing address MAY BE A POST OFFICE BO)	<u>(X)</u> = $\frac{2}{2}$	5
		_
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, enter the name of the new reg	ist <b>erû</b> d
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Florida	
	City 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 **Type of Action** Address Title Name Stephen Blunt 4724 Ruthenia RdiAdd Tallahassee Fl \_\_\_ Remove Brithany y Almans 47724 Waltonia ID DANG Tallahasser Fl 37305 Deremove \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Add ☐ Change

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<u>Vote:</u> If the da	, if other than the date of the control of the cont	es not meet the applica	able statutory filing re	(optiona than 90 days after filir equirements, this da	l) g.) Pursuant to 605.0207 te will not be listed as
d is filed.	es a delayed effective date,		me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated	9-20-202 Signatur	~~~ / `		a member	
	Stephen	Blunt	_		

Filing Fee: \$25.00