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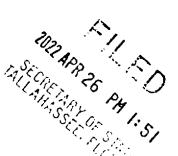
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SHARPER IMAGE PAINTING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
VALERIE M. WHITE  Name of Person
SHARPER IMAGE PAINTING LLC
841 LYONS CIRCLE N. W.
PALM BAY, FLORIDA 32907 City/State and Zip Code
VTRIOLO 27 & G-MAIL, LOM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KEITH L. WHIFE at (321) 361-8477  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 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	· ·	₹\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CRITIQUE	PATNITING	110	
(Name of the Li	mited Liability Company as it now (A Florida Limited Liability Comp	ADDERES ON OUT LECTION !	<u> </u>
The Articles of Organization for this Limited	I Liability Company were filed o	on JANUARY 07.	2022 and assigned
Florida document number L 22000		,	<del>-</del>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited lia		
SHARPER IMAGE PAIN		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		····
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
B. If amending the registered agent and/or registered office	e address on our records,	enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	<del></del>	
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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effect Note: If	e date, if other than the date of filing:
he record : ord is filed	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
Dated	APRIL 22 <sup>nd</sup> 2022
	Signature of a member or authorized representative of a member
	·