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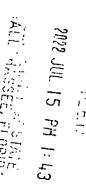
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COVER LETTER

TO: Registration Section Division of Corporations						
Paint Tallahassee LLC.						
SUBJECT: Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Chaz Gulan					
Name of Person						
	Paint Tallahassee LLC					
Firm Company						
508 Shephard St.						
Address						
	Tallahassee, Fl 32303					
	painttallahassee@yahoo.co	City/State and Zip Code				
	· · · · · · · · · · · · · · · · · · ·	to be used for future annual report notification)				
For further information	concerning this matter, please c	all:				
Chaz Gulan		850 228-6480 at ()				
Name of Person		Area Code Daytime Telephone Nu	ımber			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Γee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed)			
Mailing Address Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sur Tallahassee, FL 32303	ite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paint Tallahassee LLC	11. 122.
(Name of the Limited Liability Comp. (A Florida Limited	unv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L22000042491	ers (71
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
Surfcoast Renovations, LLC.	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	508 Shephard St.
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, Fl
	32303
Enter new mailing address, if applicable:	508 Shepard St.
(Mailing address MAY BE A POST OFFICE BON)	Tallahassee, Fl
	32303
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered
	Gara i io ma stroi adaress
	, 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 Changing Registered Agent, Signature of New Registered Agent

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
			⊡Change
			□Add
			□Remove
	·		□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			:JAdd
			LlRemove
			Change
		<u> </u>	
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated_07/05/2022 fignature of a member or authorized representative of a member Chaz Gulan

Typed or printed name of signee