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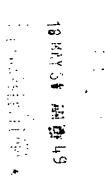
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MAY 31 2018

### **COVER LETTER**

Division of Corp				
SUBJECT:	Ben's Pa	int Soppy	L.C.	
	Name of Lim	ned Daomty Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	_	Vent Emerson		-
	<u> </u>	en's Parat Su Firm/Company	pply, L.C.	-
	122 500	HN Segrave S	street -Suite	140
			32114	-
	temers: (1	on bensps.	corr notification)	
For further information co	ncerning this matter, please ca			
T(en)	Emerson	at (386)	871-5092 Daytime Telephone Number	<del> </del>
		, ma 23m	Telephone runnee	
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)	Certifica (Sed) Certified	te of Status &

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ber	is Pant Supply, L.C.	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabilit Florida document number <u>L98</u> 00000 12		$3\sqrt{98}$ and assigned
This amendment is submitted to amend the following	::	
A. If amending name, enter the new name of the I  Ben's Paint Supp  The new name must be distinguishable and contain the words "		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		新 三 第 三 三
(Mailing address MAY BE A POST OFFICE BOX)	·	· · ·
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:		records, enter the name of the nev
New Registered Office Address:	Enter Florida stree	et address
	rates i unitat stret.	
	City	, Florida 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 Type of Action Title Name Address \_\_\_\_\_ □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add \_□ Remove \_\_\_\_\_ Change □ Add □ Remove \_□ Change □ Add ☐ Remove \_\_\_\_ Change □ Add ☐ Remove

☐ Change

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ote:	(optional) we date, if other than the date of filing:	.) Pursua		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the	e earli	er of:
	No. 19 2018			
ated	May 29 2018			

Page 3 of 3

Filing Fee: \$25.00