

L06000107745

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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**FILED**  
11 JUN 15 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. BOSTICK**  
**JUN 16 2011**  
**EXAMINER**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cedarwood Remodeling, 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:

**Milutin Obrenovic**  
Name of Person  
  
Firm/Company  
  
**651 Cedarwood St. N.**  
Address  
  
**St. Petersburg, FL 33703**  
City/State and Zip Code  
  
**tmac444@verizon.net**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Denis Trakilovic** at ( **727** ) **421-1452**  
Name of Person Area Code & Daytime Telephone Number

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**11 JUN 15 AM 8:38**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

**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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Cedarwood Remodeling, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/07/2006 and assigned Florida document number L06000107745.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Omega Remodeling, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

FILED	11 JUN 15 AM 8:33	SECRETARY OF STATE	TALLAHASSEE, FLORIDA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office 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: \_\_\_\_\_

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

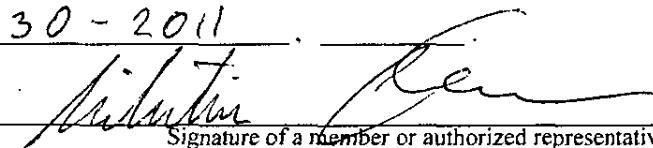
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Denis Trakilovic	651 Cedarwood St. N. St. Petersburg, FL 33703	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 JUN 15 AM 8:38  
 FILED

Dated 3-30-2011

  
 Signature of a member or authorized representative of a member  
Milutin Obranovic  
 Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2011

MILUTIN OBRENOVIC  
651 CEDARWOOD STREET, N.  
ST. PETERSBURG, FL 33703

SUBJECT: CEDARWOOD REMODELING, LLC  
Ref. Number: L06000107745

We have received your document for CEDARWOOD REMODELING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P08000083792

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 611A00009485