

L07000068157

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000144019 3)))



H140001440193ABCY

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ROBINSON ACCOUNTING SERVICE
Account Number : I20030000126
Phone : (850) 769-2331
Fax Number : (850) 769-0269

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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14 JUN 17 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ABOVE THE REST REMODELING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

B. BOSTICK

JUN 18 2014

EXAMINER

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Corporate Filing Menu

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Fax Audit No: (((H14000144019 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABOVE THE REST 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 06/28/07 and assigned Florida document number L07000068157.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3904 WAVE AVE. APT B

PANAMA CITY, FL 32404

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3904 WAVE AVE. APT B

PANAMA CITY, FL 32404

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 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ERIC TUCKER	3904 WAVE AVE. APT B	<input checked="" type="checkbox"/> Add
		PANAMA CITY, FL 32404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input 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.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6-16-14



Signature of a member or authorized representative of a member

DAVID A COATNEY

Typed or printed name of signer

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Filing Fee: \$25.00

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JUN 17 11 13 AM '14
FIDELITY & SECURITY
CORPORATION