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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: K & L Lathing, LLC Name of Limited Liability Compa	ny
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gary M. Lusk	
Name of Person	n
Absolute Lathing, LLC	
Firm/Company	,
P.O. Box 42	
Address	
Palatka, FL 32178-00	142
City/State and Zip C	Code CRESTON TO THE CONTROL OF THE C
cannontebby@aol.com	
E-mail address: (to be used for future an	inual report notification)
For further information concerning this matter, please call:	fit -
at ()	205-1959 Code & Daytime Telephone Number
Name of Person Area	a Code & Daytime Telephone Number

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

Κδ	& L Lathing, LLC		
(Name of the Limited Liability	Company as it now appears on our rec Limited Liability Company)	cords.)	
(A Florida i	Limited Diability Company)		
The Articles of Organization for this Limited Liability C	Company were filed on 06/04/2013	and assigned	
Florida document number L13000076302			
	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
Absolute Lathing, LLC			
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company," the desi	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		77.7	
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>	
		至约 85	
		50 Jan 19	
Enter new mailing address, if applicable:		2	
(Mailing address MAY BE A POST OFFICE BOX)		70	
Training manifest Will BETT 1 OUT OF THE BOXY		显 2	
		क्रिल म	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	,F	lorida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	ype of Action
MGRM	James D. Knight	936 South Moody Road	Add
		Palatka, FL 32177	Remove
MGRM	Gary M. Lusk	128 Shamrock Road	Add
		Saint Augustine, FL 32086	Remove
MGR	Gary M. Lusk	128 Shamrock Road	Add T
		Saint Augustine, FL 32086	Remova
			2 Add
			Remove
			Add
			Remove
			Λdd
			Remove

D. II amen	dung any other information, enter change(s) here: (Attach daattohal sheets, if necessary.)
Ċ	Changing to Sole Member LLC.
_	
_	
_	
	quet 1 2012
Dated Au	gust 1, 2013
	99 1
	Home Law =
	Signature of a member or authorized representative of a member
	Gary M. Lusk
	Typed or printed name of signee

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Filing Fee: \$25.00

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