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SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

AUG 2 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Knock on wood Trim, LLC Name of Limited Liability Company # CERO	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Freddy E. Manosalva Name of Person Vinusky On Wood Time 1/10	
KNUCK On Wood Trim, LLC	
4405 SW 160 Avenue # 204	
Miramar, FL 33027 City/State and Zip Code mano salva 1122 lyaha . wm F-mail address: (to be used for future annual report notification)	TATLANT TATLANT
manosalva 1122 Ryahao com	SSE STATE
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	SSEE, FLIGHTS
Freddy Manosalva at (305) 527- 6456 Name of Person Area Code & Daytime Telephone Number	RICH TOP
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	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	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Knock On Wood	1 Trim, LLC		
(Name of the Limited Liab (A Flor	pility Company as it now appeared a Limited Liability Company)	s on our records.)	
# Caro	_	,	
The Articles of Organization for this Limited Liabili	ty Company were filed on <u>H</u>	<i>Pri</i> 1 4, 2009 and assigned	
Florida document number <u>L09000032</u>	<u>28</u> 83		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
Knock on wood Tri	m LLC		
Knock on wood Tri The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET AL		 	
Control of the contro			
	_ 		
Enter new mailing address, if applicable:		1 2	
(Mailing address MAY BE A POST OFFICE BOX		78 3	
muning duaress MAT BE A FOST OF FICE BOX		THE SE -	
		S:28 9	
B. If amending the registered agent and/or re	egistered office address on o	ur records, enter the name of Hie new	
registered agent and/or the new registered office		FLS =	
		REAL :	
Name of New Registered Agent:			
New Designation 1005 All			
New Registered Office Address:	Enter Florida street address		
	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 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 aryending 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 = Ma MGRM = N	nager ∕Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
· .		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
			Add Remove
		7	Add Respoye
			CREMENT AND ADDRESS OF THE PARTY OF THE PART
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	POF STATE A
			
— —			- -
Dated	Signature of a member	y authorized representative of a member	
	Freddy E 9	nanosalva or printed name of signee	<u>.</u>

Page 2 of 2

Filing Fee: \$25.00

Certificate of Status

I certify from the records of this office that KNOCK 0N WOOD TRIM, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on April 06, 2009, effective April 04, 2009.

The document number of this company is L09000032883.

I further certify that said company has paid all fees due this office through December 31, 2009, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authenticated by the code noted below.

Authentication Code: 090406094341-100148670211#1

* Please change the #Cero in the ON for a littler O and lette the comma after TRIM. Thanks.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixth day of April, 2009

Kurl S. Prowning Secretary of State