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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY 23 PM 3:21

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T. CLINE

MAY 27 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2008

HORACE TINGLE
4428 STONEFIELD DR
ORLANDO, FL 32826

SUBJECT: TINGLE'S PROFESSIONAL PAINTING & PRESSURE WASHING,
L.L.C.
Ref. Number: L01000017988

We have received your document for TINGLE'S PROFESSIONAL PAINTING & PRESSURE WASHING, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

On the registered agent signature someone must sign on behalf of the company listed.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 608A00030451

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TINGLE'S PROFESSIONAL PAINTING & PRESSURE WASHING, L.L.C.
(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:

HORACE TINGLE

(Name of Person)

TINGLE'S PROFESSIONAL PAINTING & PRESSURE WASHING, LLC
(Firm/Company)

4428 STONEFIELD DR.

(Address)

ORLANDO FL 32826

(City/State and Zip Code)

For further information concerning this matter, please call:

HORACE TINGLE

(Name of Person)

at ()

(Area 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

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TALLAHASSEE, FLORIDA

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

TINGLE'S PROFESSIONAL PAINTING & PRESSURE WASHING, L.L.C.

(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 10/17/2001

Florida document number L01000017988

This amendment is submitted to amend the following:

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

Tingle's Distributors "LLC"

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

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:

~~Tingle's Distributors~~ Horace Tingle
4428 Stonefield Drive
(Enter Florida street address)
Orlando, Florida 32826
(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)

Tingle's Distributors
Horace Tingle

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:

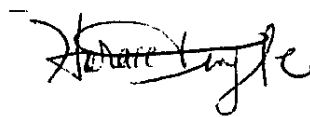
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Dated _____, _____



Signature of a member or authorized representative of a member

Horace Tingle

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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