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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

K. SALY EXAMINER FEB 1 8 2011

## **COVER LETTER**

TO: Registration Sect Division of Corpo		•
SUBJECT: Lift Shield,	LLC	
	Name of Limited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Raymond McCall	
	Name of Person	
	Lift Shield	
	Firm/Company	
	12900 S.W. 15th Street	
	Address	
	Davie, FL 33325	
	City/State and Zip Code	
	rmccall@onebox.com  E-mail address: (to be used for future annual rep	
For further information con	cerning this matter, please call:	ort notification)
Ray McCall	at (800 ) 539-1	075 x35
Name of P		Daytime Telephone Number
Enclosed is a check for the	ollowing amount:	
\$25.00 Filing Fee [	\$30.00 Filing Fee & Status S55.00 Filing Fee & Certified Copy (additional copy is en	\$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**

11 FE	FILED
SECRE TALLAN	B 17 PM 3:41  ARY OF STATE  SSEE, FLORIDA
cords.)	FLORIDA

Lift Shield, LLC		TALLAHASSY OF ST
(Name of the Limited Liabili	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on August	
Florida document number <u>L02000020547</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADD	DRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regiregistered agent and/or the new registered office address.	stered office address on our r dress here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida 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 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> **Address** Type of Action Brittany Cabrera 12900 S.W 15th St. Davie, FL 33325 MGR bbA 🏿 Remove ☐ Add Remove Remove □Add Remove \_\_\_Add \_\_\_Remove 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 Raymond McCall Typed or printed name of signee

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Filing Fee: \$25.00