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S. HAWKES

Noy 8 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Dave Long/Carpenter LLC						
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:						
Dave Long Name of Person						
Name of Ferson						
Lave long (ar penter LLC) Firm/Company						
9545 Mendel Dr.						
New Port Richay FL 34652 City/State and Zip Code						
E-mail address: (to be used for future innual report notification)						
For further information concerning this matter, please call:						
Brent Long at (771) 967 0669 Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{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

Dave Long/(arpenter LLC		
(Name of the Limited Liabil (A Florid	lity/Company as it now appear la Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	11/14/03 Sund assigned	
Florida document number <u>L03000443</u>		TO ON THE	
		3.7. 2	
This amendment is submitted to amend the following:		The state of the s	
A. If amending name, enter the new name of the li	mited liability company her		
The new name must be distinguishable and end with the w"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 ADI	DRESS)		

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ur records, enter the name of the new	
	•		
Name of New Registered Agent:			
New Registered Office Address:	Cus	av Florida etwast 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 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 = Ma	naging Membe	er		
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	Brent	long	4125 Claremont Dr. New Port Richey, FL 34652	Add Remove
			5	全新 福
				Reove 1
				ASSETT Address F.
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				Add
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D. If amendii	ng any other inf	formation, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
•				
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				_
Dated	11/3/00		·	
		DC of	•	
-	- James	Signature of a memb	er or authorized representative of a member	
_	David	C. Long	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00