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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only



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C. LEWIS

AUG -77009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporat	ions		Ally will		
SUBJE	CT:	Jimmy Fea	agin Painting I	LC		
	•		ited Liability Compar			
The erg	closed Articles of Amer	dment and fee(s) are sub	omitted for filing.			
Please	return all correspondenc	e concerning this matter	to the following:			
	Jimmy Feagin Name of Person					
			rvance of 1 erson			
Jimmy Feagin Painting LLC Firm/Company						
	2927 Aplin Rd Address					
			Crestview FL 32			
			City/State and Zip C	ode		
E-mail address: (to be used for future annual report notification)						
For fur	ther information concer-	ning this matter, please o	call:			
Jìmmy Feagin		at (<u>850</u>)		85-0218 Felephone Number		
	Name of Perso	on	Area	Code & Daytime 1	elephone Number	
Enclose	ed is a check for the foll	owing amount:				
\$25	.00 Filing Fee [330.00 Filing Fee & Certificate_of Status	\$55.00 Filing I Certified Cop (additional co		\$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

FILED

2009 AUG -6 PM 1: 19

Jimmy	Feagin Painting LLC	SECRE TALLAH	TARY OF STATE ASSEE, FLORIDA
(Name of the Limited Liabi (A Flori	lity Company as it now appear da Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number	· · ·	4-30-2009	and assigned
Γhis amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company her	<u>e</u> :	
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 AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	dress
		. Florida	
	City	, riortua	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> <u>Address</u> Type of Action **MGRM** Roy Stover 537 Long Dr Lot #4 Remove Crestview, FL 32539 Remove Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated V Signature of a member of authorized representative of a member Jimmy Feagin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00