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SECRETARY OF STATE
AND ASSEE, FLORID

D. BRUCE

FEB **2** 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration of	on Section F Corporations			
SUBJECT: Mc	aricich Siding, Name of Lim	LLC ited Liability Company		
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all corr	respondence concerning this matte	r to the following:		
	Douglas	E. Speck Name of Person	<u> </u>	
	Maricich S	iding, LLC Firm/Company	<del> </del>	
	510 N. Sp.	ring St. Apt. B		
		FL 32501 City/State and Zip Code		
•	E-mail address: (	(to be used for future annual report notifica	om Dis	
For further informati	on concerning this matter, please	call:	O FE	,
		at (850) }9(- } Area Code & Daytime T	FB-1 PM 2: 42 Felephone Number FLORIDA	7
/	for the following amount:		<u>-</u>	
\$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)	
M	AFI INC ADDDESS.	CTD FFT/CAUDIE	D ADDDESS.	

MAILING ADDRESS:

TO:

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

Maricich Siding,	LLC	
(Name of the Limited Lis	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L 03 0000 48</u>	lity Company were filed on <u>リル</u> ク	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the		
Flori da ? The new name must be distinguishable and end with the	Siding Services, LL	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	io I
(Principal office address MUST BE A STREET A	DDRESS)	HAR B T
Enter new mailing address, if applicable:	·	PA PO LES LA PER PROPER LA
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	<del>-</del>	records, enter the name of the new
New Registered Office Address:		
	Enter F	lorida street address
<u>-</u>		, Florida
	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 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		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
<del></del>			Add Remove		
<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			Add Remove		
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessor	10 FEB		
			ARY OF STARR		
Dated	1-29-# Jacky	E. Mach			
	Signature of a/member	er or authorized representative of a member  Special d or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00