

LD3000054414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

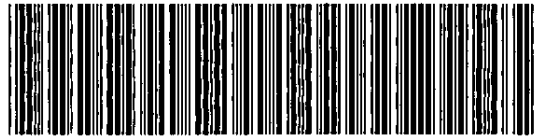
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 2 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Advanced Remodeling, 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:

**Cameron C. Dunlap**

Name of Person

**Advanced Remodeling, LLC**

Firm/Company

**P.O. Box 2205**

Address

**Eagle Lake, FL 33839**

City/State and Zip Code

**dunlap4you@aol.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Lisa B. Dunlap**

Name of Person

at ( **863** ) **287-8645**

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

Advanced Remodeling, LLC

(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 Dec. 10, 2003 and assigned  
Florida document number L03000054414.

This amendment is submitted to amend the following:

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

N/A

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

586 8th Street N

Eagle Lake, FL 33839

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

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**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:

N/A

New Registered Office Address:

*Enter Florida street address*

, 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 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>   | <u>Type of Action</u>  |
|--------------|----------------|--|--|
| MGRM         | Chris Woehlert | 350 24th Street NW, Apt 108P<br>Winter Haven, FL 33880 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

*Please see Exhibit 4 - changes to  
ownerships are as follows*

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Dated \_\_\_\_\_

*Cameron C. Dunlap*  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Cameron C. Dunlap

Typed or printed name of signee

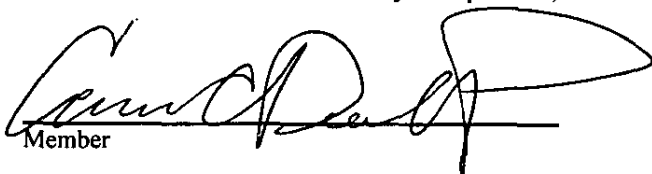
## EXHIBIT FOUR

### LIMITED LIABILITY COMPANY OPERATING AGREEMENT FOR ADVANCED REMODELING, LLC

#### Statement Affirming Ownership

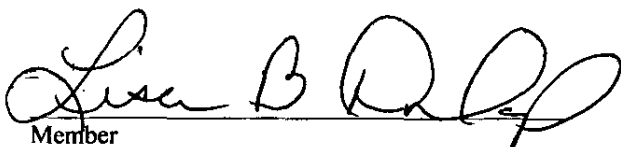
This is a statement affirming Cameron C. Dunlap Owns 40% ownership in the above named Company based on each members capital contribution and agreed upon as stated in the Company's Operating Agreement.

SIGNED and AGREED this 25<sup>th</sup> day of September, 2009

  
Member

This is a statement affirming Lisa B. Dunlap Owns 40% ownership in the above named Company based on each members capital contribution and agreed upon as stated in the Company's Operating Agreement.

SIGNED and AGREED this 25<sup>th</sup> day of September, 2009

  
Member

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TALLAHASSEE, FLORIDA

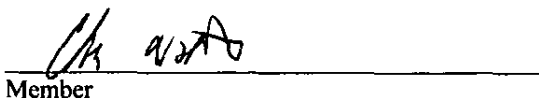
This is a statement affirming Lester L. Dunlap Owns 10% ownership in the above named Company based on each members capital contribution and agreed upon as stated in the Company's Operating Agreement.

SIGNED and AGREED this 25<sup>th</sup> day of September, 2009

  
Member

This is a statement affirming Chris Woehlert Owns 10% ownership in the above named Company based on each members capital contribution and agreed upon as stated in the Company's Operating Agreement.


SIGNED and AGREED this 25<sup>th</sup> day of September, 2009

  
Member

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Personally appeared Cameron C. Dunlap, Lisa B. Dunlap, Lester L. Dunlap & Chris Woehlert on September 25, 2009.            Personally known to me - OR -   ✓   proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

State of Florida  
County of Polk

On Sept. 25, 2009 before me,  Notary, WITNESS my hand and official seal.

TERESA WHITMAN  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD720590  
EXPIRES 10/1/2011  
BONDED THRU 1-888-NOTARY1

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