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EXAMINER

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COVER LETTER

TO:

TO:	Registration So Division of Cor						
SURJI	Wescott Roofing and Painting, LLC						
			ted Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
	John Wescott Name of Person						
			Name of Ferson				
		Wescot	t Roofing and Painting, LL	<u>C</u>			
Firm/Company							
8984 Puerto Del Rio, Drive, #202							
Address							
Cape Canaveral, FL 32920							
		E-mail address: (to be used for future annual report not	ification)			
For fu	rther information of	concerning this matter, please o	·				
	Jo	ohn Wescott	at (321)	208-4281			
•	Name	of Person	Area Code & Daytin	ne Telephone Number			
Enclos	sed is a check for t	the following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Section 1 Section 2 Sectio			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	Center Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wescott Roofing and Painting, LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear iability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	01/20/04	and assigned		
Florida document numberL0400005226					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation "LI	LC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
		<u></u>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on o <u>e</u> :	our records, <u>enter th</u>	e name of the new		
		÷.	in4		
Name of New Registered Agent:			ή <u>σ</u>		
New Registered Office Address:		<u> </u>	3		
	Ent	ter Florida street addin	ess o		
	City	, Florida المحسوب	Zin Sode		
New Registered Agent's Signature, if changing Registered Agent:	,		5		
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			

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 **Type of Action** Title <u>Name</u> Address Jonathan Wescott MGR 8984 Puerto Del Rio #202 Remove Cape Canaveral, FL 32920 Jomes Felke MGR 8984 Puerto Del Rio #202 ✓ Add Cape Canaveral, FL 32920 Remove Remove Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ August 9 2010 Signature of a member or authorized representative of a member John Wescott

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee