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(City/State/Zip/Phone #)

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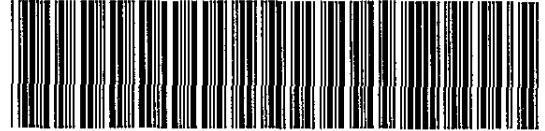
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LISA DAVIS PAINTING, 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:

LISA DAVIS

(Name of Person)

LISA CORTEZ PAINTING & DRYWALL, LLC.

(Firm/Company)

13304 OLD ST. AUGUSTINE RD.

(Address)

JACKSONVILLE, FL 32258

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LISA C. DAVIS

(Name of Person)

at ( 904 ) 260-4060

(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

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

LISA DAVIS PAINTING, LLC.

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 01/23/2004 and assigned  
document number L04000006454.

**SECOND:** This amendment is submitted to amend the following:

NAME OF THE COMPANY:

LISA CORTEZ PAINTING & DRYWALL, LLC.

\_\_\_\_\_  
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\_\_\_\_\_  
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06 FEB 20 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Dated FEBRUARY 16, 2006.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

LISA C DAVIS

\_\_\_\_\_  
Typed or printed name of signee