## L04000068173

| (R                      | equestor's Name)    |           |
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| PiCK-UP                 | ☐ WAIT              | MAIL      |
| (B                      | usiness Entity Nam  | ne)       |
| , (De                   | ocument Number)     |           |
| Certified Copies        | Certificates        | of Status |
| Special Instructions to | Filing Officer:     |           |
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SECRETARY OF STATE

J. BRYAN

FEB - 9 2011

**EXAMINER** 

## **COVER LETTER**

| TO: Registration<br>Division of C |   |  |                |
|-----------------------------------|---|--|----------------|
| SUBJECT:                          | MAX   | COLD, LLC.   |                |
| 30Date 1.                         |   | ted Liability Company  |                |
| The enclosed Articles             | of Amendment and fee(s) are sub                             | emitted for filing.  |                |
| Please return all corres          | pondence concerning this matter                             | to the following:  | THE T          |
|                                   | K   | irk T. Bauer, Esquire  | FEB-8 PH 1: 04 |
|                                   |   | Name of Person   | EF. OF B       |
|                                   | Bauer & Ass   | sociates Attorneys at Law, P.A.  | £10.           |
|                                   |   | Firm/Company   | AST.           |
|                                   |   | P.O. Box 459   | 7              |
|                                   | •   | Address  |                |
|                                   | De  | Land, FL 32721-0459  |                |
|                                   |   | City/State and Zip Code  |                |
|                                   | kbaue   | er@delandattorneys.com   |                |
| For further information           | E-man address: (a   | en de la companya de<br>La companya de la co |                |
| ı                                 | Kirk T. Bauer   | at ( 386 ) 734-3313  |                |
| Name                              | of Person   | Area Code & Daytime Telephone Number   | <del></del>    |
| Enclosed is a check for           | the following amount:                                       |  |                |
| \$25.00 Filing Fee                | S30.00 Filing Fee & Certificate of Status                   | (additional copy is enclosed) Certified  | e of Status &  |
| Regis<br>Divis                    | LING ADDRESS: stration Section ion of Corporations Box:6327 | 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

MAX COLD, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 9/20/04 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ L04000068173 Florida document number \_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NORTHSTAR DRYWALL & PAINTING, LLC. 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

Zip Code

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:

| <u>itle</u>  | Name                                  | Address   | Type of Action                 |
|--------------|---------------------------------------|---|--------------------------------|
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| If amend     | ling any other information, enter cha | ange(s) here: (Attach additional sheets, if nec | essary.)                       |
| If amend     |                                       | ange(s) here: (Attach additional sheets, if nec | 11 FEB -8 SECRETARY FAULAHASSE |
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| If amend     |                                       | ·   | 11 FEB -8 SECRETARY FAULAHASSE |

Page 2 of 2

Filing Fee: \$25.00