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07/07/08--01020--027 **25.00

Amendment
L04-70518 ✓

N. CAUSSEAUX

JUL 9 2008

EXAMINER

FILED
08 JUL -7 PM 3: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
      Division of Corporations

SUBJECT: ___Sharper Edge 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 marie Rose___
(Name of Person)

___Sharper Edge Painting, LLC___
(Firm/Company)

___2566 Fox Creek Drive___
(Address)

___Jacksonville, Florida 32221___
(City/State and Zip Code)

For further information concerning this matter, please call:

___Lisa M. Rose___   at (904) 563-7810
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                           Certificate of Status   Certified Copy   Certificate of Status &
                                                      (additional copy is enclosed) Certified Copy
                                                                                   (additional copy is enclosed)

MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                    Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Sharper Edge Painting, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on _9/28/04_ and assigned document number _L04-70518_.

SECOND: This amendment is submitted to amend the following:

Please remove my name from Sharper Edge Painting, LLC. My name is: Lisa Marie Rose.

Thank you,
Kim M. Rose

Please My name only!

Dated _7/2/08 July 7, 2008_ , ___.

Kim Marie Rose
Signature of a member or authorized representative of a member

_____
Typed or printed name of signee

Filing Fee: $25.00