

L04000079815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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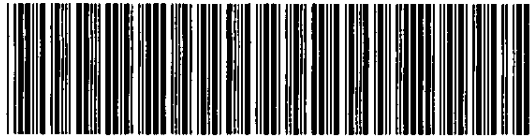
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08 DEC 11 AM 8:03
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M+N HOME IMPROVEMENTS OF P.C.B. 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:

R. JASON MATTHEWS
(Name of Person)

M+N HOME IMPROVEMENTS OF P.C.B. LLC
(Firm/Company)

9213 FAITH LANE
(Address)

PANAMA CITY BEACH - FLORIDA - 32407
(City/State and Zip Code)

For further information concerning this matter, please call:

R. JASON MATTHEWS at (850) 832-8658
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

M+N HOMEIMPROVEMENTS OF P.C.B. 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 11-03-2004 and assigned
Florida document number LD4000079815.

This amendment is submitted to amend the following:

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

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:

SHEILA H. SMITH

New Registered Office Address:

9213 FAITH LANE

(Enter Florida street address)

PANAMA CITY BEACH

(City)

Florida

32407

(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.

x Sheila H. Smith
(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	ALBIEN J. BRADBURY	9213 FAITH LANE PANAMA CITY BEACH FLORIDA 32407	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SHEILA H. SMITH	9213 FAITH LANE PANAMA CITY BEACH FLORIDA 32407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____.

Ryan Jason Matthews
Signature of a member or authorized representative of a member

RYAN JASON MATTHEWS

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

08 DEC 11 AM 8:03

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**STATEMENT OF
OWNERSHIP**

This certifies that I, SHEILA H. SMITH am a
member or

(APPLICAN
T'S NAME)

managing member
of

M+N HOMEIMPROVEMENTS
OF P.C.B. LLC

(LIMITED LIABILITY
COMPANY NAME)

I own 25 % of the units issued by the Limited Liability
Company listed above.

**Affidavit of Applicant: I certify that the information contained
herein is**

true and correct to the best of my knowledge.

SHEILA H. SMITH

(PRIN
T NAME)

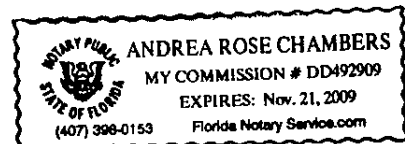
[Signature]

(SIGNATURE)

(APPLICANT'S)

DATE: DEC.

FILED
08 DEC 11 AM 8:03
TALLAHASSEE FLORIDA



12/10/08
[Signature]