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EXAMINER

Please notify me when this # Has been Daytine ph# 219-9304 return Ald 450 Madeing dr. Thank you Michael Millety

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: M & M Fr	aming, LLC			
	(Name of Lim	ited Liability Company)		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
		,		
	Michael P. Milledge	(Name of Person)		
		(Name of Person)		
	M & M Framing, LLC	(Firm/Company)		
		(Time company)		
	450 Madeira Drive	(Address)		
		(Address)		
Orange Park, FL 32073 (City/State and Zip Code)				
		(City/State and Elp Code)		
For further information con	ncerning this matter, please c	all:		
Michael P. Milledge		at (904) 219-9304		
(Name of		(Area Code & Daytime	Telephone Number)	
Enclosed is a check for the	<u> </u>	_	_	
\$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**

20:11 HA 7- MAL 80

M & M Framing, LLC	I I ighility Company as it now ann	sears on our records)	
(A	I Liability Company as it now app A Florida Limited Liability Company	y)	
The Articles of Organization for this Limited L	iability Company were filed on 2	22 November 2004 and assigned	
Florida document number <u>L04000084758</u>	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company l	here:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation	
B. If amending the registered agent and/ registered agent and/or the new registered o Name of New Registered Agent:		n our records, <u>enter the name of the new</u>	
	450 Madeira Drive		
New Registered Office Address:	(Enter Florida street address)		
	Orange Park	, Florida 32073	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	proper and complete performan istered agent as provided for in registered office address, I hero	ce of my duties, and I am familiar with and Chapter 608, F.S. Or, if this document is	
	(If Changing Paristaned	Agent Signature of New Degistered 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 **Address** Title Name Michael P. Milledge 450 Madeira Drive MGR ☐ Add Remove Orange Park, FL 32073 (Change Address) James A. Defulvio MGRM ☐ Add 396 Sonora Drive Orange Park, FL 32073 MGRM_ MGRM Larry A. Defulvio 396 Sonora Drive Add Orange Park, FL 32073 Remove Jason Sigmund **MGRM V** Add 396 Sonora Drive Orange Park, FL 32073 Remove Michael Sidwell ✓Add MGRM 2155 Myra Street Jacksonville, FL 32205 Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 02 January 2008 Signature of a member or authorized representative of a member Michael P. Milledge Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00