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SECRETARY OF STATE
TAIL AHASSEE, FLORID

D. BRUCE

MAY 19 2008

EXAMINER

COVER LETTER

Division of Con				
SUBJECT: Acc	ENT REMOVA	Tions UC		
	(Name of Lim	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	<u>Jefferi</u>	5. BoyD		
	''	(Name of Person)		
	ACCENT RE	ENOVATIONS CCC		
		(Firm/Company)		00 00 00 00
	202 CheeTAH	TRAIL	AHA AHA	08 HAY 16
	NA CHESHA	(Address)	fax, IASSEI	<u>o</u>
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,	oncerning this matter, please ca	्राहुत राज्य संस्था ५००० allo	4.4	
1, A. A.	in musika Namatan		and the second second	
JEFFERY &	Sou N	at (321) 333 - 19	44	
(Name	of Person)	(Area Code & Daytime 1	l'elephone Number)	
			,	
Enclosed is a check for t				
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Sta Certified Copy	itus &
		,	(additional copy	is enclosed)
MAIL	ING ADDRESS:	STREET/COURIER	R ADDRESS:	
Regist	ration Section on of Corporations has been seen	Registration Section		

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOCENT RENOVATION	15 LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records mited Liability Company)	<u>.</u>)	
The Articles of Organization for this Limited Liability Conformation Florida document number <u>LO500014267</u>	ompany were filed on <u>FEB 11, 2005</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		LLAN BE	
(Principal office address MUST BE A STREET ADDRE	ESS)	ASS CO	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 3: 1.6 PH 3: 1.6 FEB. FLORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent.		ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	·		
	(Enter Florida street address)		
	, Florid (City)	a(Zip Code)	
	1 T T 2 /	(

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.

(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

	Managing Member	Addmong	Type of Action
<u>Title</u>	Name	<u>Address</u>	Type of Action
mgR	RODGER B. BARRETT	3706 Bramble CT. SAINT Cloud, FC 34769	Add Remove
			Add
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	y.)
		ָרָר רָר	OB MAY 16 PH
 Dated	may 13., 2008	FLORIDA	PH 3: 15
		r or authorized representative of a member S, Boy D I or printed name of signee	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00