105000014267

	(Re	questor's Name)				
(Address)						
	(Ad	dress)				
	(Cit	:y/State/Zip/Phone	e #)			
PIC	(-UP	☐ WAIT	MAIL			
	(Bu	siness Entity Nan	ne)			
	(Do	cument Number)				
Certified Copies	•	_ ··Certificates	of Status			
Special Instruct	ions to	Filing Officer:				





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FILED

09 OCT 12 PM 4: 27

SECRETARY OF STATE

D. BRUCE
OCT 13 2009
EXAMINER

COVER LETTER

TQ: Registration S Division of Co	ection rporations					
SUBJECT:	ACCENT RE	ENOVATIONS LL	С			
SUBJECT:		ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Jeffery S Boyd				
		Name of Person				
	Ac	cent Renovations LL	C			
		Firm/Company				
		702 Cheetah Trail				
		Address				
Apopka, Florida 32712				E.	0	
City/State and Zip Code					9 0(: Prop
	F-mail address: (accentreno@aol.com to be used for future annual re	nort notification)	NAS N	Ξ	: 1
For further information	concerning this matter, please of		port nouncount	KY OF SI	09 OCT 12 PH 4: 27	
	Jeff Boyd	at (321)	303-1944 & Daytime Telephone Number	STAT	4:2	
Name	of Person	Area Code &	È Daytime Telephone Number	r Ar	1	
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	enclosed) Certified	ate of Status		sed)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2009

JEFFREY S BOYD 702 CHEETAH TRAIL APOPKA, FL 32712

SUBJECT: ACCENT RENOVATIONS, LLC

Ref. Number: L05000014267

FILED

09 OCT 12 PH 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORID.

We have received your document for ACCENT RENOVATIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 709A00031996

ARTICLES OF AMENDMENT TO: ... ARTICLES OF ORGANIZATION OF

Name of the Limited L. (A F.	NT RENO iability Compai lorida Limited L	VATIONS LLC ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number 20500014	oility Company 367	were filed on	1/27/2005	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liab	ility company here:		
	N/A			
The new name must be distinguishable and end with t "L.L.C."	he words "Limit	ted Liability Company	," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	N/A		A
(Principal office address MUST BE A STREET ADDRES				100 100 100 100 100 100 100 100 100 100
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	N/A		TIZ PM 4:27 ASSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered offic			r records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Gerald Boyo		70.	
New Registered Office Address:	702 ch		Florida street ad	ldress
	Amoka		. Florida	32712
		City		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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

MGRM = Managing Member <u>Title</u> Name **Address** Type of Action MGR Gerald Boyd 702 Cheetah Trail ✓ Add Apopka, Florida 32712 Remove Rodger Barrett MGR 3706 Bramble Court Saint Cloud, Florida 34769 Remove ☐ Add Remove Remove _ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Jeffery S Boyd Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00