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Office Use Only



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SECRETARY OF STATE
ORIGINAL SECRETARY ORIGINAL SEC

J. BRYAN

DEC 28 2010

EXAMINER

COVER LETTER

TO: Pigli Registration Sec Division of Corp		
SUBJECT: Fair	and Savaz Faurshing LLC Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Carl James Name of Person	
	Name of Person	
	Fair & Savage Finishing LLC	
	1970 Carl W- Stewart Rd.	
•	St. Augustine Fr. 32084 City/State and Zip Code	O DEC ?
- 35321/ 8 T	City/State and Zip Code Carl Sport Rish by Comes of Net E-mail address: (to be used for future annual report notification)	DEC 27 PM 1: 53 CERETARY OF STATE
part teach	the page to the	FLO
for further information co	oncerning this matter, please call:	REAL 23
Carl Jame	Person at (914) 377-0694 Area Code & Daytime Telephone Number	<u> </u>
Name of	Person Area Code & Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified	te of Status &
		•
		·•

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

Name of the Limited Liability Com	pany as it now appears on our red d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>Losoobo 44158</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Frie & Savare Homes LL	<u>C</u>	
The new name must be distinguishable and end with the words "L-" "L.L.C."	imited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N//	For 6
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	FG B
Enter new mailing address, if applicable:	~	21 PH
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————	705 ::
	****	OF CO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records sere:	s, enter the name of the new
Name of New Registered Agent:		
	1/A	
New Registered Office Address:	Enter Florida	street address
		lorida
	City	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.

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

Title /	<u>Name</u>	Address	Type of Action
MA			Add Remove
-			Add Remove
			Add Remove
			Add Remove
1			Add Remove
<u> </u>		<u>.</u>	Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<u> </u>
N/A			10 DEC 2.
 Dated/2_f	12- 0 , 2010		TARY OF STATE
- -	Signature of a member of	r authorized representative of a member mas	T

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Filing Fee: \$25.00