L05000049119

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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JUN - 4 2008

EXAMINER



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06/03/08--01013--029 ++60.00

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BIVISION OF CORPORATION

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	EXTERIOR /	MAKEOVERS, L.L.C. ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JAME	S L. STUCKEY (Name of Person)	
	EXTERM	(Firm/Company)	
	1219 TH	0MAS Dr. # 240 (Address)	
	PANAMA CITY	BEACH , FL 32408 (City/State and Zip Code)	7
For further information	concerning this matter, please c	ail:	
James (Name	of Person)	at (850) 258-20 (Area Code & Daytime T	O4C Celephone Number)
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)	Certificate of Status & Certified Copy (additional copy is enclosed)

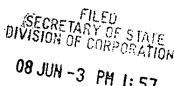
MAILING ADDRESS:

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**



_		,	³ FA 1: 57
(Name of the Limited Liability Comp	NEOVERS, L.L.	C	
(Name of the Limited Liability Comp	pany as it now appears of d Liability Company)	n our records.)	
(A Florida Elimitet	i Liability Company)	į	
The Articles of Organization for this Limited Liability Compar	ny were filed on Mac	1 18,2005	and assigned
Florida document number <u>L05000049119</u> .	•	, , , , , , , , , , , , , , , , , , , ,	_
This amendment is submitted to amend the following:			
•			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and end with the words "Li			
The new name must be distinguishable and end with the words "Li.L.C."	mited Liability Company,	" the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:	<i>N</i>	'/A	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	f	
			_
	,		
Enter new mailing address, if applicable:	<i>N/A</i>	 	
(Mailing address MAY BE A POST OFFICE BOX)	/		
B. If amending the registered agent and/or registered		records, enter th	e name of the nev
registered agent and/or the new registered office address he	ere:		
	11/1		
Name of New Registered Agent:	<i>N/t</i>		
New Registered Office Address:			
	(Enter	· Florida street addr	ess)
		Florida	
	(City)	, 1 1011444	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>		
I hereby accept the appointment as registered agent and ac	aree to act in this cana	city I further core	a to comply with

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	· Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			_ Remove
			Add
			Remove
			Add
			_[Remove
			Add
			Remove
			Add
			Remove
D. If ame	1. TO	s) here: (Attach additional sheets, if necessary.)	
-	AND TROUBLE MENGE	of OPERATING AGREEMENT PERCENTAGE OF INTEREST 15%	- Z111C.
_	James L. Stuckey	75%	
_	JAMES A. S (UCKEY	15 %	
_	BOBBY JOE KJEKLAND	10076	_
Dated	<u>6/1</u> , <u>2008</u>	ک ـــ	
	Janes Is	3th	
	James L. S7. Typed or	r authorized representative of a member	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00