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(Document Number)
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A. BUTLER APR 2 5 2002

COVER LETTER

TO: Registration S Division of Co	rporations	۸ ، م	1
SUBJECT:	JS finishes Name of Lin	of the Palm	Beaches L.L.C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joel Scott	, 	
	JS FIR	Name of Person 1.5h0 of Th	e Big Bend Lh.C
	1346 2	Lawhor Mill	ld.
	Crawfor	CityState and Zip Code	2327
	E-pail address: (3 C ao/. com to be used for future annual report note	fication)
For further information of	concerning this matter, please ca	alt:	
Joel_ Name of	S co H	at (<u>56(</u>) <u>308 –</u> Area Code Daytim	3947 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO

ARTICLES OF ORGANIZATION OF

FILED

Is tinishes of the fam Gaches AMBIZE.
(Name of the Limited Liability Company as it now appears on our Dearth TARY OF STATE (A Florida Limited Liability Company) TALLAHASSEE, FL
he Articles of Organization for this Limited Liability Company were filed on and assigned
he Articles of Organization for this Limited Liability Company were filed on and assigned for document number and assigned
his amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here: SFINISHES OF THE BY BOND L.L.C.
he new name must be distinguishable and contain the words "Limited Liability Combany," the designation "LLC" or the abbreviation "LLC."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Inter new mailing address, if applicable: Joe Scot Stailing address MAY BE A POST OFFICE BOX) Stailing address MAY BE A POST OFFICE BOX) Claudo Rd Ville, FC 3232'
. If amending the registered agent and/or registe <mark>red office address on our records, <u>enter the name of the new registe</u> <u>gent and/or the new registered office address here</u>:</mark>
Name of New Registered Agent: NA
New Registered Office Address: New Registered Office Address: Fiver Florida street address
·
, Florida
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Joel Scott	1346 Lawhon Mill	J ⊡Add
		1346 Lawhon Mille CRAWfordville, FL3	327 □Remove
			Change
			□Add
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is filed.		effective date, bu					The 90th day a	fter the
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		Signaline	of a member o	or authorized rea	resentative of a r	nember		

Filing Fee: \$25.00