# 1050000 82577

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
		ļ		

Office Use Only



700185263387

09/13/10--01004--001 \*\*25.00



S. HAWKES

SEP 1 4 2010

EXAMINER

# **COVER LETTER**

TO Registration Section Division of Corporations
SUBJECT: Billy Rays Window Service LC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Josoph R. Kester Name of Person
Billy Ray's Window Service LLC, Firm/Company
2215 Cusmos Avenue Address
Middle byes Fl 32068 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (QOH) 33H-ZUOH  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

(Name of the Limited Lin (A FI	ability Company as it now appears or orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on084	$\sqrt{19/2005}$ and assigned
Florida document number LOSO0008257	<u></u> .	
This amendment is submitted to amend the follow	ing:	<b>5 8 9</b>
A. If amending name, enter the new name of the	ne limited liability company here:	P 13
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Company,"	the designation. LC or the abbreviatio
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter .	Florida street address
		, Florida
	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.

MGR = Mai	nager Ianaging Member		
Title	Name	<u>Address</u>	Type of Action
MGIRM	Johnny Cash	273594 Murrhee Road Willard, Fl 32044	Add Remove
NCEM_	Andhony Ross Lyons	2386 Justin Road EAST Jacksonville, Fl 32210	Add Remove
			Add Remove
<del></del>			□ Add □ Remove
			Add Remove
		SEE-FEIGH	ω π π π π □ Kældd - Γ □ Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	<del>\</del> \(\frac{\chi}{\chi}\)
			_
<del></del>			_
DatedS	optember 10th, 20	10	

Page 2 of 2

Filing Fee: \$25.00