#_205000100887

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of State	us				
Special Instructions to Filing Officer:					
	i				

Office Use Only



700241170727

11/01/12--01024--001 **25.00

12 NOV -1 PM 1: 24
SECRETARY OF STATE

K.SALY EXAMINER NOV - 2 2012

COVER LETTER

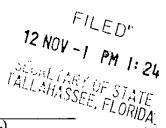
TO:	Registration Sect Division of Corpo			•
SUBJE	ECT:	NEWARTISAN	REMODELING, LL	С
0020			ted Liability Company	-
		mendment and fee(s) are sub		
	·	Ü	-	
	Steven Smith Name of Person			
NewArtisan Remodeling, LLC				С
			Firm/Company	
9905 Race Track Road				
			Address	
Tampa, FL 33626 City/State and Zip Code				
		steve(newartisankitchens.co	om
For fur	ther information cor	ncerning this matter, please c	·	
	Ste	ven Smith	at (813)	333-1982
	Name of I	Person	Area Code & Da	aytime Telephone Number
Enclos	ed is a check for the	following amount:		
₹ 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		Registration S Division of Co	orporations	
	P.O. Box	: 6327	Clifton Buildi	ng

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEWARTISAN REMODELING, LLC



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 10/13/2005 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L05000100887 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Steven Smith Name of New Registered Agent: 9905 Race Track Road New Registered Office Address: Enter Florida street address Tampa , Florida _

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.

City

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>	Name	Address	Type of Action
MGRM	Kim Madeira	1880 Kinsmere Drive Trinity, FL 34655	
	.		D Pamovo
			AddRemove
			- Dameur
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets,	, if necessary.)
 Dated	October 29	. 2012 .	
		ver Smith	
		of a member or authorized representative of a mem	ber
		Steven Smith	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00