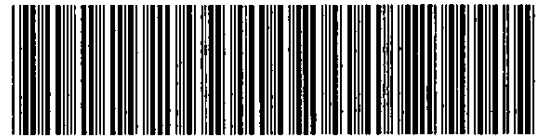


W50000106129



600131162356

06/11/08--01007--024 **25.00

FILED

2009 JUN 11 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 12 2008

EXAMINER

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEP SOUTH FLORIDA PAINTING LLC
(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:

RAY G. FLORES CPA
(Name of Person)

FLORES FLORES & GARG PA
(Firm/Company)

809 BEVERLY PKWY
(Address)

PENSACOLA FL 32505
(City/State and Zip Code)

For further information concerning this matter, please call:

RAY G. FLORES CPA at (850) 435-6845
(Name of Person) (Area Code & Daytime Telephone 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)
- \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2009 JUN 11 AM 11:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NEP SOUTH FLORIDA PAINTING LLC

(Name of the Limited Liability Company as it now appears on our records,
A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/01/2005 and assigned Florida document number L05000106129.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NORTHEAST PRODUCTION PAINTING LLC

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:

FILED
2005 JUN 11 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2008 JUN 11 AM 11:07
 FILED

Dated JUNE 10, 2008

Elsie R. Thacker
 Signature of a member or authorized representative of a member

ELSIE R. THACKER
 Typed or printed name of signee