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EXAMINER



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Pae	coment Mar (Name of Limi	king Saroicas ( ted Liability Company)	<u>-LC</u>
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Kenneth	(Name of Person)	
		(Name of Person)	
	Pavament	Marking Service (Firm/Company)	as LLC
	571 Mayda	(Address)	
	Lake Park	(City/State and Zip Code)	
For further information co	ncerning this matter, please ca	ıll:	
Kanneth (Name of	Eastin Person)	at ( <u>800) 941-96</u> (Area Code & Daytime T	8 4 elephone Number)
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Fiting 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ed 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 <u>Nov. 23,2005</u> and assigned × Florida document number <u>L05000113486</u>. x 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: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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

<u>Title</u>	Name	Address	Type of Action
mgrin	Callie K. Ellsworth	571 Mayday Road Laka Park, GA 3/636	Add Remove
	·		Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	
<del></del>			<u> </u>
<del></del>		· · · · · · · · · · · · · · · · · · ·	
Dated	uly, 13, 2008	3	

Page 2 of 2

Filing Fee: \$25.00