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DOO JUNTY PHILE 39 SECRETARY OF STATE ALL BHASSEF, FLORID &

COVER LETTER

Division of Cor							
SUBJECT:	rees Remo	deling LLC					
(Name of Limited Liability Company)							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspo	ondence concerning this matter	to the following:					
***	Lirb	esh Torre	<u>S</u>				
	Torees 1	(Name of Person) Zemodeling Li (Firm/Company)	LC_				
	20560	N.W. 304A	ve				
	Opalow	CA, FL 330 (City/State and Zip Code)	56				
For further information concerning this matter, please call: 17 held Toyve S at 26 2- 03 8 9							
(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	Cl\$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

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

2008 JUN -4 PM 4: 39

SECRETARY DE STATE

	emodeling	LL	ALLAHASSEE, FLORID
(Name of the Limited Li (AF	ability Company as if now orida Limited Liability Com	appears on our recorpany)	rds.)
		م اسلامت	
The Articles of Organization for this Limited Liab		m <u>12/14/</u> U	and assigned
Florida document number $\angle \textit{OSDOH}$ $\&$	73.	,	
This amendment is submitted to amend the follow	ring:		
A. If amending pame, enter the new name of the	ha Kimitad Kabikta aanna		
A. If aniending pane, enter the new name of the	e minieu mability compa	O T	110
The new name must be distinguishable and end with t	19 04	0. PL	
The new name must be distinguishable and end with the "L.L.C."	ne wagas Limited Liabuny	Company, the design	RATION LINE ADDITEVISION
Enter new principal offices address, if applicab	Inc		
	42		
(Principal office address MUST BE A STREET)	ADUKESS)	<u> </u>	<u> </u>
			
	•		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	····	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
			
D If consuling the projectional count and/on			
B. If amending the registered agent and/or registered agent and/or the new registered offic		s on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	(Enter Florida si	treet address)
	(જાલા જિલ્લા સાથે આ જના સ્થાપ લાગ)		
	(City)	, Flo	rida (Zip Code)
	1 ~~~ 7/		(

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 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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
-1/			Add Remove
 			Add Remove
	 		Add Remove
			Add Remove
			Add
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	cary.)
Dated M	u 28th , 29	208.	2000 JUN -4 PH
	Signature of a member	r or authorized representative of a member TOVILS	PM 1: 39
	Typed	or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00