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T. HAMPTON
JUL 23 2010
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: No Feat Home Rep	an 110
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Philip Kes	Name of Person
	·
No Fast Iton	ne Repair UC Fim/Company
	Firm/Company
226 S. Ciya	tal Do.
	, page on
Santasal, Fl.	32773
Dilo Dara	32773 City/State and Zip Code Bell south net (to be used for future annual report notification)
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	call:
Philip Darcon	at (407) 617 -9671
Name of Person	at (407) 6/7 - 967/ Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
2\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No Feat Home Repo	I LIC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on <u>Feb</u>	7 2006 and assigned	d .
Florida document number <u>L06000013Z03</u>		10 J	SECRI
This amendment is submitted to amend the following:	JL 22	L 22 THE	
A. If amending name, enter the new name of the lim	A P		
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbre	動 S
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the	e nev
Name of New Registered Agent:			· . •
New Registered Office Address:			
	Enter l	Florida street address	
	C'A.	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Ma	anaging Member	:	•
Title	Name	Address	Type of Action
<u>MGRM</u>	Joseph A. Workm	en 25212 Northlake Dr. Sentend FL 32773	Add Remove
MGRM	Jennifer Kersey	226 S. Crystal DJ. Sunfard, FL. 32773	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			AddRemove
· ·			Add Remove
		4	AddRemove
D. If amendi	_	r change(s) here: (Attach additional sheets, if nec	essary.)
: : : : : : : : : : : : : : : : : : :			SECRETAR IVISION OF 10 JUL 2:
		· · · · · · · · · · · · · · · · · · ·	~ 65E
Dated Sol	y 19 ,	<u> 2010</u> .	PH 12: 14
	Signature Sida Philip 12cr	member or authorized representative of a member Typed or printed name of signee	
	1	yyped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00