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EXAMINER

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COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT:	Treasure Coast Wallo	covering and Carpentry,	LLC.	r r	
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sui	bmitted for filing.			
Please return all corre	spondence concerning this matter	r to the following:			
		Jerome Soars			
		Name of Person			
	Treasure Coas	t Wallcovering and Carpentr	y, LLC.		
		Firm/Company			
	7982 Se Helen Terrace			74 S	
		Address			
	<u>J-</u>	lobe Sound ,FI 33455		2011 JUL 22 SECKETARY ALLAHASSE	
		City/State and Zip Code		SEA 50	Γ
	E-mail addraga.	jsoars@aol.com to be used for future annual report notifice	ation\	PH 2: 48	П
		·	ation <i>)</i>	OR A	
For further informatio	n concerning this matter, please of	call:		0m 5	
	Jerome Soars		62-4732		
Nam	e of Person	Area Code & Daytime	relephone Number		
Enclosed is a check fo	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	ILING ADDRESS: istration Section	STREET/COURIE Registration Section	R 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**

Treasure Coast Wallcover (Name of the Limited Liability Compa) (A Florida Limited Lim	ring and Car ny as it now appea Liability Company)	pentry, LLC. rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL060000267707	were filed on	03/14/2006 and a	assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
Treasure Coast Wa	allcovering, LLC	D		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "LLC" or th	e abbreviation	
Enter new principal offices address, if applicable:	7982 SE Hel	en Terrace		
(Principal office address MUST BE A STREET ADDRESS)	Hobe Sound	, FI 33455		
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 here		our records, enter the name	0	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	Zip Co	de	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre-	ee to act in this c	anacity I further agree to cor	nnlv with	

y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply 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 = Managing Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
-			ALLIANAS		
_		e(s) here: (Attach additional sheets, if necessary)			
C	only need to change Treasure Coast	name from:			
-	to Treasure Coast	Wallcovering and Corportry	4,UC.		
Dated 5	uly 19. 20 Signature of a member	<u> </u>			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Page 2 of 2

Filing Fee: \$25.00