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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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A. LUNT

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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Con			
SUBJECT: Perfect	Touch Painting, LLC	ted Liability Company)	.
	Amendment and fee(s) are subrondence concerning this matter t	-	
	Roderick Scott		
		(Name of Person)	
	Perfect Touch Painting, L	LC	700 TAU
		(Firm/Company)	TAUL AHASSEE. F
	6380 Schwab Dr		ASS
		(Address)	E E
	Pensacola, FL 32504		D 2: 09 DF STATE FLORIDA
		(City/State and Zip Code)	RIGA 09
For further information of	concerning this matter, please ca	all: 850 424-71	00
Roderick Scott		at (850) 918-913	· · · · · · · · · · · · · · · · · · ·
(Name	of Person)	(Area Code & Daytime Teleph	one Number)
Enclosed is a check for t	he 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)
Regist Divisi	ING ADDRESS: ration Section on of Corporations Box 6327	STREET/COURIER AD Registration Section Division of Corporations Clifton Building	DRESS:

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Perfect Touch Painting, LLC		Ð
Perfect Touch Painting, LLC (Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan		and assigned
Florida document number <u>L06000046876</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the o	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		70)8
(Principal office address MUST BE A STREET ADDRESS)		AR C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LIUP 2: 09 TARY OF STATE ASSEE, FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flor	ida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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 = Manager

MGRM = Managing Member **Type of Action Address** <u>Title</u> <u>Name</u> MGRM Terrance Haneline 3217 Mariners Dr **⊿** Add Remove Pensacola, FL 32506 ☐ Add ☐ Remove Remove **∐** Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Roderick Scott
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00