

**LD6000058583**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

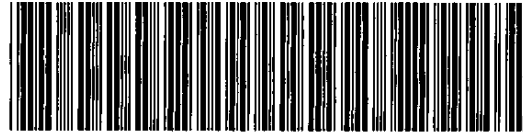
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

N. Colligan AUG 22 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Absolute Renovations & Repairs  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip Edward Marrone

(Name of Person)

Absolute Renovations & Repairs

(Firm/Company)

63 Dayton Road

(Address)

Lake Worth, Florida 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

Philip Edward Marrone

(Name of Person)

at ( 561 ) 633-2480

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

**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**

FILED  
06 AUG 21 PM 12: 56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Absolute Renovations & Repairs LLC  
(Present Name)  
(A Florida Limited Liability Company)

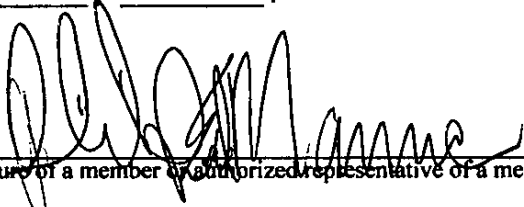
**FIRST:** The Articles of Organization were filed on August 17, 2006 and assigned  
document number LO6000058583.

**SECOND:** This amendment is submitted to amend the following:

William Thomas Henderson as Vice-President of Absolute Renovations & Repairs LLC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 17 2006.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Philip Edward Marrone

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**