## L06000058583

B. KOHR

APR - 3 2009

**EXAMINER** 

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## **COVER LETTER**

Division of Corporations
SUBJECT: ABSOLUTE RENOVATIONS & RePairs 22.C. (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:
David Cook (Name of Person)
ABSOLUTE RENDUCATIONS & Repairs LLC  (Firm/Company)  63 Dayton Ad.  (Address)  Lake worth Fl. 33467
63 Dayron Rd. (Address)
Lake worth, Fl. 33467 (City/State and Zip Code)
For further information concerning this matter, please call:
David Cook (Name of Person)  at (561) 932-4134 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Registration Section  Division of Comparations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABSOLUTE RENOVATIONS & Refairs L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on Tune 8,	2000 and assigned
Florida document number <u>LO600058583</u> .	,	19 E
This amendment is submitted to amend the following:		R-2
A. If amending name, enter the new name of the limited liabi	lity company here:	SEE PLOS
The new name must be distinguishable and end with the words "Limit "L.L.C."		ignation "LLC" of the abbreviation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
New Registered Office Address:	(Enter Florida	street address)
	·	•
A Control of the cont	(City)	lorida (Zip Code)
No. The Lat 1 A at Ct. at 10 h at 10 h at 1 h		

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name Address Type of Action Ronald Maggio
Wes Loe Page ☐ Add Remove 11154 Landsman Street Boca Raton, FL 33428 r**™** Add Remove ☐ Add ☐ Remove 🗖 Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Remove Ronald Maggio From Vice President and Treasurer ADD Was Lee Page as manager Dated 3/31/09 Signature of a member or authorized representative of a member Sauid Cook
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00