L060000 89750

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



500157086425

06/19/09--01046--010 **60.00

FILE D
2009 JUN 19 PM 2: 16
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

JUN 2 2 2009

EXAMINER

ČOVEŘ LETTĚR

Division of Corporations					
SUBJECT:	Cardinal Painting & Pressure Washing, LLC				
	Name of Limi	ted Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Eric Kopp					
Name of Person					
Cardinal Painting & Pressure Washing, LLC					
· Firm/Company					
1772 Eagle Trace Blvd					
Address					
Palm Harbor, FI 34685					
City/State and Zip Code					
freganjfklending@yahoo.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	Eric Kopp	at (31-6420		
Name of Person		Area Code & Daytime Telephone Number			
		,			
Enclosed is a check for the following amount:					
	_	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &		
		' (additional copy is enclosed)	Certified Copy		
			(additional copy is enclosed)		

Registration Section

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

2009 JUN 19 PM 2: 16

Cardinal Pair	ting & Pressure Washir	NG, LLC SECRETARY OF STATE
(Name of the Limited Lia . (A Flo	bility Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number		9/12/2006 and assigned
This amendment is submitted to amend the following	ng:	•
A. If amending name, enter the new name of the	e limited liability company here	:
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	and the second of the second o
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ir records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		er Florida street address
-	City	, Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action MGR Donna Kopp .□ Add ☑ Remove 1772 Eagle Trace Blvd Palm Harbor, Fl 34685 Frank Regan MGR 10717 DALTON AVENUE Tampa, Elorida 33615 **✓** Add Remove ∐ Add ☐ Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 17th 2009 Dated Signature of a member or authorized representative of a member Eric Kopp Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00