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C. LEWIS

JUNE 14, 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2010

JAMES H. LINDSEY EASCO GROUP II LLC 1375 JERSEY ST JACKSONVILLE, FL 32205

SUBJECT: EASCO GROUP II, LLC

Ref. Number: L07000014202

We have received your document for EASCO GROUP II, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 810A00013202

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: *Registration Section Division of Corporations
SHRIECT: EASCO GROUP TE LLC
SUBJECT: EASCO GROUP IF LLC 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:
JAMES H. LINDSET Name of Person
EASCO GROUP IT HC Firm/Company
1375 JERSEY ST
Stanortfux @ Aot . Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 382-5327 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \text{Certified Copy is enclosed}\$\$\ \text{Certified Copy} \text{Certified Copy} \text{(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

2010 JUN 14 PM 18 44

EASCO GROU (Name of the Limited L (A F			•
The Articles of Organization for this Limited Liab Florida document number <u>20-83938</u>	oility Company were	filed on <u>F&B, 8</u> 00001426	2007 and assigned
This amendment is submitted to amend the follow	_	ompany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Lia	ability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applical (<u>Principal office address MUST BE A STREET</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		ddress on our recor	ds, enter the name of the new
Name of New Registered Agent:	JAMES H	LINPSEY	
New Registered Office Address:	1375 JE	RSEY ST Enter Florid	la street address Florida 32205 Zip Code
	JACK40NI City	VILLE.	Florida 32205 Zip Code
New Registered Agent's Signature, if changing Re			•

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

Page 1 of 2

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 = M: MGRM = I	anager Managing Member	L07000	014202
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	·		□ p
			Add Remove
			—————————————————————————————————————
· 			[7]Damaria
D. If amen	ding any other information, enter chan	age(s) here: (Attach additional she	ets, if necessary.)
<u>-</u>			
			TAKE OF T
Dated	X Ams W. Signature of a memb	er of authorized representative of a mo	SECRETARY DE STATE STATE STATE
•	Type	d or printed name of signee Page 2 of 2	ORTE BL

Filing Fee: \$25.00