## L07000042786

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(c.t.y. c.a.to. <u>a</u> .p., v.a.toy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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## COVER LETTER

Division of Co			
SUBJECT: CUSTO	M FINISHES BY STRA	Y LLC	
	(Name of Lin	nited Liability Company)	<del></del>
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	CLINDAY C CTDAY		
	SUNDAY S STRAY	(Name of Person)	<del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	DELLEGIAL DEGICA	OLLO COLICTOM FINICISEO	DV CTDAVLL H
	BELLEFINI DESIGN	(Firm/Company)	ST OTICAL CHANGE
	308 FAN PALM PLA	ACE	
	300 FAIN FALINI FLA	(Address)	
	PANAMA CITY BEA	7CH EI 33408	
	FAIRAINA CITT BEA	(City/State and Zip Code)	
<b>.</b>			
For further information of	oncerning this matter, please of	call:	
SUNDAY S STRA		at (850 ) 2498914	
(Name of Person)		(Area Code & Daytime T	elephone 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CUSTOM FINISHES BY STRAY LLC (Name of the Limited Liability Company as it now appears on our records,) (A Florida Limited Liability Company)

The Anticles of Opposition for this Limited E	:-L:V.a. C	707 i and a@anad
The Articles of Organization for this Limited L	lability Company were filed on 4/23/	and assigned
Florida document number <u>L07000042786</u>	· · · · · · · · · · · · · · · · · · ·	LCC I
This amendment is submitted to amend the following	owing:	TAKY OF STATE FLORIE
A. If amending name, enter the new name o	f the limited liability company here:	, ST
BELLEFINI DESIGNS LLC		
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Company	," the designation "LLC" or the abbreviation
5.5.0.		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		r records, enter the name of the new
New Registered Office Address:	308 FAN PALM PLACE	
	(Enter Florida street address)	
	PANAMA CITY BEACH	, Florida 32408
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I  I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regis	d agent and agree to act in this cap roper and complete performance of	my duties, and I am familiar with and

(If Changing Registered Agent, Signature of New Registered Agent)

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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Address</u> **Type of Action** <u>Name</u> 308 FAN PALM PLACE MGRM JOSEPH G MENDEZ Add ✓ Remove PANAMA CITY BEACH, FL 32407 MGRM CHAYCE E STRAY 308 FAN PALM PLACE PANAMA CITY BEACH, FL 32408 ✓ Add Remove MGRM\_ MGRM EDWARD J STRAY JR. 308 FAN PALM PLACE Add PANAMA CITY BEACH, FL 32408 Remove □Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **CHANGE OF ADDRESS:** 308 FAN PALM PLACE PANAMA CITY BEACH, FL 32408 Dated 12/21/07 Signature of a member or authorized representative of a member SUNDAY S STRAY Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00