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(City/State/Zip/Phone #)

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2008 JUN -5 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: MASONRY INSULATORS, 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:

KEITH E HALVERSON
(Name of Person)

(Firm/Company)

P.O. Box 915649
(Address)

LONGWOOD, FLORIDA 32791
(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH E HALVERSON at (407) 947-4952
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

2008 JUN -5 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MASONRY INSULATORS, LLC
(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 JUNE 7, 2007 and assigned
Florida document number 207000060095.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PATRIOT VENDING, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2501 JENNIFER HOPE BLVD
LONGWOOD, FLORIDA 32779

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 915649
LONGWOOD, FLORIDA 32791

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

KEITH E HALVERSON

New Registered Office Address:

2501 JENNIFER HOPE BLVD
(Enter Florida street address)

LONGWOOD, Florida 32779
(City) (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.

Keith E Halverson
(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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JUNE 2, 2008.

Keith E Halverson OPERATING MANAGER
Signature of a member or authorized representative of a member

KEITH E HALVERSON
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED