W70000 64802

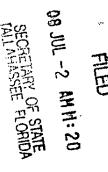
| (Requestor's Name) | | | | | | |
|---|--------------|-----------|--|--|--|--|
| | | | | | | |
| (Add | lress) | | | | | |
| | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| | | | | | | |
| Certified Copies | Certificates | of Status | | | | |
| | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | 1 | | | | |
| | | | | | | |
| <u> </u> | | | | | | |

Office Use Only



600132024726

07/02/08--01009--008 **25.00



M. THOMAS

JUL - 3 2008

EXAMINER

COVER LETTER

| · | ₩ TO: | Registration Sectio | | | |
|---|---|------------------------|--|--|--|
| | 10: | Division of Corpora | | | |
| | SUBJECT: American Spray Liners LLC | | | | |
| | | | (Name of Limited Liability Company) | | |
| | | | | | |
| | The end | closed Articles of Ame | endment and fee(s) are submitted for filing. | | |
| | Please return all correspondence concerning this matter to the following: | | | | |
| | | | | | |
| | | 5 | Shelly Hatmaker | | |
| | | _ | (Name of Person) | | |
| | | | | | |
| | | _ | (Firm/Company) | | |
| | | 2 | 620 Coral Ave | | |
| | | _ | (Address) | | |
| | | | | | |
| | | <u> </u> | (City/State and Zip Code) | | |
| | | | (Sily, Silice and Dip Code) | | |

+

For further information concerning this matter, please call:

Shelly Hatmaker

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

□\$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)

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**

| American Spray Liners LLC | | | | |
|---|---------------------------------------|--|---------------------------|--|
| (<u>Name of the Limited</u> (A | Liability Compar Florida Limited L | ny as it now appears on our recontability Company) | rds.) | |
| The Articles of Organization for this Limited L. | ability Company | were filed on 06/20-2007 | and assigned | |
| Florida document number L07000064802 | | ·. | | |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, <u>enter the new name o</u> | f the limited liab | ility company here: | SE JU | |
| The new name must be distinguishable and end win "L.L.C." | th the words "Limi | ted Liability Company," the design | i i | |
| Enter new principal offices address, if applicable: | | 1218 Massachuetts Ave. | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | St. Cloud, Florida 34769 | OF STATE | |
| | | | 三 | |
| Enter new mailing address, if applicable: | | 2620 Coral Ave | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Kissimmee, FI 34772 | | |
| B. If amending the registered agent and/registered agent and/or the new registered of | | | enter the name of the new | |
| Name of New Registered Agent: | James C. Hemphill | | | |
| New Registered Office Address: | -1134 New Yo | | · | |
| | ٠ | (Enter Florida s | treet address) | |
| | St. Cloud | , Flo | rida <u>34769</u> | |
| · | | (City) | (Zip Code) | |
| Nam Desistant Acoust's Signature if changing | Dagistared Agents | | | |

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 II 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 Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address** Type of Action <u>Title</u> <u>Name</u> MGR **David Hatmaker** 2620 Coral Ave ■ Add Remove Kissimmee, FI 34741 MGR Shelly Hatmaker 2620 Coral Ave ₽ Z Add **_** Remove Kissimmee, Fl 34771 🗖 Add 🗖 Remove ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated June Signature of a member or authorized representative of a member Shelly Hatmaker Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00