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(Reque	estor's Name)	
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(City/S	tate/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

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09 AUG 20 PM 3: 26

SECRETARY OF STATE
FALL AHASSEE, FLORID,

JUL 2 7 2009

J. BRYAN

AUG 21 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2009

JOSEPH B. GALBRAITH BURT'S BROTHER QUALITY PAINTING LLC 2451 SW 83 CT MIAMI, FL 33155

SUBJECT: BURT'S BROTHER QUALITY PAINTING, LLC

Ref. Number: L07000072882

FILED

09 AUG 20 PM 3: 26
SECRETARY OF STATE

We have received your document for BURT'S BROTHER QUALITY PAINTING, LLC and your-check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We didn't get the 2nd page of amendment with members signature.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 509A00025331

COVER LETTER

Division of Corporations
SUBJECT: BURT'S BROTHER MARINE PAINTING LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPH PS. GALBRAITH Name of Person
BORY'S BROTHER QUALTRY PAINTINS
2451 SIN 83ct
Address MAMIEI, 33/55 City/State and Zip Code ACRE ACRE TO THE CORP.
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number 7
Enclosed is a check for the following amount:

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

ř.,

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLEŞ OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 7 13 2007 and assigned Florida document number LO70000 72882 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

GR = Ma GRM = N	nager Managing Member		
t <u>le</u>	<u>Name</u>	Address	Type of Action
			Add
			Add Remove
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If amen	ding any other information.	enter change(s) here: (Attach additional shee	ets, if necessary.)
			sts, if necessary.) ILLAHLARY OF AUG 20
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	Josep	e of a member or authorized representative of a me	

Page 2 of 2

Filing Fee: \$25.00