

L07000106014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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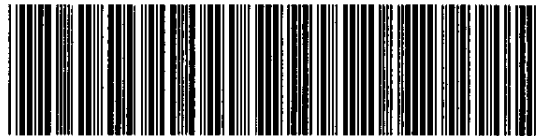
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**G. MCLEOD**

NOV 13 2009

**EXAMINER**



300162578803

11/10/09--01024--006 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 NOV 12 PM 12:11

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TER-SEL Stucco, 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:

Selina Y. Charlery  
Name of Person

TER-SEL Stucco, LLC.  
Firm/Company

4446 Maple Chase Trail  
Address

Kissimmee, FL 34758  
City/State and Zip Code

Selina-charlery@ter-selstucco.com  
E-mail address: (to be used for future annual report notification)

↓ underscore

↑ dash

For further information concerning this matter, please call:

Selina Y. Charlery  
Name of Person

at (407) 931-6256  
Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 NOV 12 PM 12:11

TER-SEL Stucco, 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 10-18-2007 and assigned  
Florida document number L07000106014.

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)

4446 Maple Chase Trail  
Kissimmee, FL 34758

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4446 Maple Chase Trail  
Kissimmee, FL 34758

**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:

Selina Y. Charlery

New Registered Office Address:

4446 Maple Chase Trail

*Enter Florida street address*

Kissimmee FL, Florida 34758

*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.

Selina Y. Charlery  
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>                                                      |
|--------------|----------------|----------------------------------------------|----------------------------------------------------------------------------|
| MGR          | Ervin Charlery | 4446 Maple Chase Trail<br>Kissimmee FL 34758 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | ERVIN Charlery | 203 Benton Street<br>Orlando FL 32839        | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated \_\_\_\_\_, \_\_\_\_\_.

Selina Y. Charlery  
Signature of a member or authorized representative of a member  
Selina Y. Charlery  
Typed or printed name of signee