L0800031803

(Requestor's Name)				
(Address)				
·				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



200149076282

04/13/09--01013--017 **25.00



T. CLINE

APR 14 2009

EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations				
SUBJECT: KING	CARPENTRY, LLC				
	(Name o	of Limited Liability Co	mpany)		
Dear Sir or Madam:					
The enclosed Article	es of Correction and fee(s) a	re submitted for filing.			
Please return all cor	respondence concerning this	matter to the followin	g:		
GERMAN RE	YES GOMEZ		_		
	(Name of Person)		_		
			•		
	(Firm/Company)	20.	ing. Tagan magan magan magan baran ba	•	
0224 CHIERE	ACH HWY APT 11			7 S	
9221 GOLI BLA	(Address)		-	ECF A	uragen
	•	:		2009 APR 13 SECRETARY FALLAHASS	ا ان خصیتین حصیتی
PENSACOLA, F			· •	SSE SSE	
	(City/State and Zip Code)			#9 ₹	T.
For further informat	ion concerning this matter,	olease call:	.	AM 10: 53 OF STATE E.FLORID	Ĺ.
PILAR J LIEBRE	CHT	at (850	243-8500	EA EA EA	
	lame of Person)		& Daytime Telephone Number)		
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle 32301	-	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	-	
Enclosed is a check	for the following amount	:			
☑ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	<u>د</u>	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING CARPENTRY, LL		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as <mark>it now appears on our rec</mark> d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 03/28/2008	and assigned
Florida document number L08000031803		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
	The state of the s	
The new name must be distinguishable and end with the words "Li" L.L.C."	mited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2809 SEE
(Principal office address MUST BE A STREET ADDRESS)		
		PR -
		RY OF
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		STATE LORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		, enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:		
	(Enter Florida	street address)
	, FI (City)	orida(Zip Code)
	(Cuy)	(Lip 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.

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 Address **Type of Action Title Name** MMGR **GOMEZ, GERMAN REYES** 9221 GULF BEACH HWY APT 11 **■** Add Remove PENSACOLA, FL 32507 GOMEZ, RAMON REYES 9221 GULF BEACH HWY APT 10 MGR Remove PENSACOLA, FLORIDA 32507 Add Remove Add Remove Add T

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

THE NAME OF GOMEZ, GERMAN REYES WAS ENTERED TWICE AND NEED TO DELETE

ONE AND ADD THE OTHER MEMBER: GOMEZ, RAMON REYES

Dated

APRIL 09

Signature of a member or authorized representative of a member

Page 2 of 2

PILAR JIMENEZ HERRERO

Filing Fee: \$25.00

Typed or printed name of signee