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EXAMINER

COVER LETTER

Registration Section

TO:

Division	of Corporations	
SUBJECT:	showtime restoration	n,remodeling&renovation,LLC
30bjec 1		nited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are s	ubmitted for filing.
Please return ail c	orrespondence concerning this matt	er to the following:
		Lemuel H.Crowder IV
		Name of Person
		showtime restoration
		Firm/Company
		432 Logan Ave.
		Address
		Orange Park,FI./32065
	ch	Orange Park,FI./32065 City/State and Zip Code ipnjen007@comcast.net
	E-mail address	(to be used for future annual report notification)
For further inform	nation concerning this matter, please	call:
	Lemuel Crowder	at (904) 589-7605 Area Code & Daytime Telephone Number 5555
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
▼ \$25.00 Filing	Fee \$\bigs\sums^{\\$30.00}\$ Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 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	STREET/COURIER ADDRESS: Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

showtime restoration,remodeling&renovation,LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 3/31/2008 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L08000032435 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Showtime Restoration&Interior finishes.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) 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

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Title <u>Name</u> **Address MGRM** Norman D.Horn 109 Creek Hollow Lane Middleburg FL 32068 ☑ Add ☐ Remove ☐ Add ☐ Remove Add Remove Remove ∏Add ≥ 🗥 🔲 Remove Remove 1 7.5 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Jan.31 2010 Dated _ Signature of a member or authorized representative of a member Lemuel H.Crowder IV Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00