## L08000033435

(R€	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
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S. HAWKES

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EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:	Showtime Restora	tion&Interior Finish	es,LLC		
		ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	L	emuel H. Crowder IV			
		Name of Person			
Showtime restoration&interior finishes,LLC					
		Firm/Company			
	432 Logan ave.				
	Address				
	(	Orange Park,FI.32065			
		City/State and Zip Code			
	SH	OWT007@comcast.n	et		
	E-mail address: (	to be used for future annual rep	ort notification)		
For further information	concerning this matter, please of	call:			
Lemu	iel H.Crowder IV	at ( 904 )	589-7605		
	of Person		Daytime Telephone Number		
Enclosed is a check for	_				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	s60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	LING ADDRESS: tration Section	STREET/ Registratio	COURIER ADDRESS: n Section		
Divis	ion of Corporations Box 6327		Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snowtime (Name of the Limited	Restoratio	n&Interior Finis	nes,LLC	
(Asing of the Limited)	Florida Limite	pany as it now appear d Liability Company)	s on our records.	
The Articles of Organization for this Limited L Florida document number L0800003	-	any were filed on	3/31/2008	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited li	iability company her	<u>e</u> :	
	N	1/A		
The new name must be distinguishable and end wi "L.L.C."	th the words "L	imited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	able:	N/A		<b>三</b>
(Principal office address MUST BE A STREE	T ADDRESS	<u> </u>		
				FILE SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
Enter new mailing address, if applicable:		N/A		PH 3: SEE: FLOOR
(Mailing address MAY BE A POST OFFICE BOX)				Ser y
B. If amending the registered agent and/registered agent and/or the new registered o  Name of New Registered Agent:  New Registered Office Address:		<u>1ere</u> :	our records, <u>enter t</u> ter Florida street add	
	, Florida			
		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.

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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Horn,Norman D.	109 creek hollow lane Middleburg,FL.32068	Add
			PR 3 AND PLEO
			Add Remare
			Remove
			Add
			Add
			Remove
			Add Remove
D. If amer	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
_			
_			
Dated	ipril 21,	<i>3010</i> .	
	Somuel H	rowld III	
		Lemuel H. Crowder IV	<u>.</u>
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00