L08000032435

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800211813518

09/16/11--01006--004 **25.00

2011 SEP 16 PM PE: 47
SECRETARY OF STATE
ASSECTED AND STATE
SECRETARY OF STATE
ASSECTED AND STATE
ASSECTED ASSECTED AND STATE
ASSECTED ASSECTED AND STATE
ASSECTED ASSECTED AND STATE
ASSECTED ASSECTED ASS

C. LEWIS

SEP 1 9 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Showtime Restorati	on & Interior Finishes LL	.C
SOBJECT,		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
•	L	emuel H. Crowder IV	
		Name of Person	
	Showtime Re	storation & Interior Finishes	LLC
		Firm/Company	
		432 Logan Ave.	
		Address	
	O	range Park,FL.,32065	
		City/State and Zip Code	
		OWT007@comcast.net	
		o be used for future annual report notificat	non)
For further information co	ncerning this matter, please c	all:	
Lemu	el H. Crowder	at (904) 58	39-7605
Name of	Person	Area Code & Daytime T	elephone Number
Enclosed is a check for the	e 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

2011 SEP 16 PM 12: 47

Showtime Resto (Name of the Limited Liabili (A Florida	tration & Interior Finity Company as it now appear a Limited Liability Company)		RETARY OF STATE AHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Florida document number L08000032435	Company were filed on	03/27/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>re:</u>	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ıny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ADECC)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		·	
	En	ter Florida street add	lress
	· · · · · · · · · · · · · · · · · · ·	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Phillip E.Henri	432 Logan Ave. Orange Park,FL.,32065	Add Remove
			□ D
			
			AddRemove
· · · · · · · · · · · · · · · · · · ·			FT 70
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if no	ecessary.)
		•	2811 SEP 16 SEGKETMRY
_			
Dated	Sept. 12	2011 .	OF STATE OF STATE
	Lemus T	ember or authorized representative of a member	
	·	Lemuel H. Crowder IV	
	•	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00