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SECRETARY OF STATE
ALLAHASSEE FINALE

D. BRUCE

OCT 17 2011

EXAMINER

COVER LETTER

TO: Registration Division of C						
SUBJECT:	Showtime Restora	ntion&Interior Finishes L	LC			
-	Name of Lin	nited Liability Company		_		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	•			
Please return all corres	pondence concerning this matte	r to the following:				
		Lemuel H.Crowder IV		_		
		Name of Person				
	Showtime Restoration&Interior Finishes LLC					
		Firm/Company				
		432 Logan Ave.	<u> </u>			
	_	rongo Bork El 22065		<u>ં</u> જ વં		
		Orange Park,FL. 32065 City/State and Zip Code		- A = =		
	SH	OWT007@comcast.net				
,	E-mail address:	(to be used for future annual report noti	fication)	I SSI		
For further information	concerning this matter, please	call:		10 Sept.		
l emi	uel H.Crowder IV	at (904)	589-7605	FILED		
Name of Person		Area Code & Daytin		bon .		
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	□\$60.00.1	Filing Fee,		
¥ \$25.00 F Shing F GG	Certificate of Status	Certified Copy (additional copy is enclosed	Certifi d) Certifi	icate of Status & ied Copy ional 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

	Showtime Restoration&Interior Fin	ishes LLC		
(<u>Na</u>	me of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)		
_	for this Limited Liability Company were filed on	03/27/2008	and assigned	
Florida document number	L08000032435			
This amendment is submitted	to amend the following:			
A. If amending name, <u>enter</u>	the new name of the limited liability company h	ere:		
The new name must be distingu 'L.L.C."	ishable and end with the words "Limited Liability Com	pany," the designation "I	LC" or the abbreviation	
Enter new principal offices	Walland 1		<u></u>	
Principal office address MU	ST BE A STREET ADDRESS)		***	
•				
Enter new mailing address,				
Mailing address MAY BE A	POST OFFICE BOX)	<u>_</u>	9 3 173	
R If amonding the regist	ered agent and/or registered office address on	our records enter	in name of the new	
	new registered office address here:	out records, enters	ne name of the new	
Name of New Regis	tered Agent:			
New Registered Off				
	E	Enter Florida street address		
		, 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 or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Phillip E. Henri	432 Logan ave. Orange Park,FL 32065	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amendi	ing any other information, enter	change(s) here: (Attach additional sheets, if necessar	FILED 11 OCT I L PILED SECRETARY OF STATE
	0 12		——————————————————————————————————————
Dated	Oct. 12 Venue Signature of a r	2011 . Crowcles IV . nember or authorized representative of a member	
•		Lemuel H. Crowder IV Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00