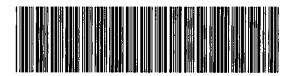
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DIVISION OF CORPORATIONS

T. HAMPTON

APR 27 2010

EXAMINER

## Timothy H. Kenney, P.A.

## Attorney at Law 120 Butler Street, Suite B West Palm Beach, Florida 33407

Timothy H. Benney, Esq. Lindsay B. Demmery, Esq. Telephone: (561) 833-8773

Facsimile: (561) 833-0543

April 21, 2010

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

A G's Mica & Custom Wood Work, LLC

Our File: GOD 5453

Dear Sir/Madam:

Enclosed please find original and one (1) copy of the Articles of Amendment to Articles of Organization of A G's Mica & Custom Wood Work, LLC. Also enclosed is my check # \(\frac{1}{3}\) \(\frac{2}{3}\) payable to Division of Corporations in the amount of \$25.00 for the filing fee.

A self-addressed, stamped envelope is enclosed for return of a date-stamped copy of the Articles of Amendment.

Very truly yours

THK:epw Enc.

F:\CLIENTS\364\GOD5453\00016647,WPD

TIMOTHY H. KENNEY

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A G'S MICA & CUSTOM WOO	DD WORK, LLC	_
( <u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	ompany)	
The Articles of Organization for this Limited Liability Company were file Florida document number L08000038076	d onApril 16, 2008 and	assigned
Tromba document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
AGMCW, LLC		_
The new name must be distinguishable and end with the words "Limited Liabili"L.L.C."	ty Company," the designation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable:		<u>,                                    </u>
(Principal office address MUST BE A STREET ADDRESS)		- S
		<b>5</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ယ္က ကိုရို
		<u> </u>
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the nam	e of the new
Name of New Registered Agent:		
New Registered Office Address:		
	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:

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
············	<u> </u>		Add Remove
··			Add Remove
			Add Remove
			Add Remove
. If amer 	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	BIVISION OF APR
. If amer	ading any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE OF
. If amer	April 20, 2	nge(s) here: (Attach additional sheets, if necessary.)	26 PM

Page 2 of 2

Filing Fee: \$25.00