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SECRETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN

JUN 2 0 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J+L PLASTErING OF NCF LLC
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SUBJECT: T+L Plaster Ing Of NCF LLC (Name of Limited Liability Company) The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LAUVA Lewis
(Name of Person)
J+L Plastering of NCFLLC (Firm/Company)
2213 NW 52nd St
Ocala, FL 34475
(City/State and Zip Code)
For further information concerning this matter, please call:
Laura Lewis 352 502-0600
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

OB JUM 19 PM 1:12

J+L Plaster	ring of	NCF LLC	6
•		as it now appears on our re ility Company)	
The Articles of Organization for this Limited Lia Florida document number LOSDO 0041	bility Company wo	ere filed on 04 20	+ 2008 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," the de-	signation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	NA	
(Principal office address MUST BE A STREET	ADDRESS)		etrobadho an an de uma o man
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE B</u>	- <u>ox)</u> _		
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on our record	ls, enter the name of the new
Name of New Registered Agent:	NA		
New Registered Office Address:		(Enter Floride	a 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, <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>	Name	<u>Address</u>	Type of Action
ngrm	milton Rosario	2213 NW 52Nd St Ocala FL 34475	Add Remove
decimal designations			Add Remove
			Add Remove
			Add Remove
			Add Remove
		**************************************	Add Remove
D. If amendin	g any other information, enter change((s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SECRETARY OF STATE OB JUN 19 PM 1:12
Dated <u>JU</u>		rauthorized representative of a member	
_	Typed o	Laura Lewis	

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Filing Fee: \$25.00