[08000041120

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
(Bus	iness Entity Name)	
(Doc	ument Number)	
Certified Copies	Certificates of Status	

Special Instructions to Filing Officer:

L. SELLERS
JULY 7 2008

EXAMINER

Office Use Only



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06/25/08--01013--013 **30.00

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Rust Busters of NWFL, 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:							
David A. Keefer (Name of Person)							
Rust Busters (Firm/Company)							
LOUD US Hwy 331 S							
Detuniak Springs FL 32435 (City/State and Zip Code)							
For further information concerning this matter, please call:							
DAVID 1LEET ER at (B50) 687 - 0971 cell (Name of Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)							

MAILING ADDRESS:
Registration Section

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



July 24, 2008

DAVID A. KEETER 6110 US HIGHWAY 331 S DEFUNIAK SPRINGS, FL 32435

SUBJECT: RUST BUSTERS OF NWFL, LLC

Ref. Number: L08000041620

We have received your document for RUST BUSTERS OF NWFL, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 708A00038731

Leslie Sellers Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2008 JUN 25 AM II: 30

SEPSETAL Y DE STATE

Rugh Pag	Leve r	CNV	151 11	JALLAHASSI	EE. FLORIO
(Name of the Limited L	Liability Company Florida Limited Lia	as it now appo	ears on our reco	rds.)	-
			الممام	. 0	
The Articles of Organization for this Limited Lia	bility Company w	ere filed on _	4/20/0	and	assigned
Florida document number <u>LOSOCO416</u>	20 .				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company h	iere:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Con	npany," the design	nation "LLC" or t	the abbreviation
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	'ADDRESS)	·		₹	
				<u>F5</u>	<u> </u>
					= 11
Enter new mailing address, if applicable:		·····		SS	3 <u>=</u>
(Mailing address MAY BE A POST OFFICE B	OX)			me.	ा प
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					.
B. If amending the registered agent and/or registered agent and/or the new registered off		e address of	n our records,	enter the nam	ie of the new
Name of New Registered Agent:	_Alici	a A.	Keeter		
New Registered Office Address:	6110 0	5 Hwg	331 <u>5</u> Enter Florida s	street address)	
	DeFunial	City)	95 Flo	orida <u>324</u> (Zip	35 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:

MGRM = Ma	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Keeter	LOHO US Hwy 331 S DeFuniak spoings, FL 32436	Add Remove
mgr	Alicia A Keeta	10110 US Hwy 3315 DrFuniak Springs, FL 32435	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.,)
Dated	$\mathcal{A} $	4	FILED 08 JUL 30 PM 6: L4 SECRETARY OF STATE FALLAHASSEE FLORIDA
-	Signature of a member	or authorized representative of a member Day D	TE STATE
	Typeu ·	or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00