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(Requestor's Name)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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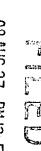
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SECRETANY OF STATE
ALLAHASSEE, FLORIDA



D. BRUCE

AUG 28 2008

EXAMINER

COVER LETTER

Division of Cor	porations			
subject: LDI Wa	II Finishes, LLC			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondence	ondence concerning this matter t	to the following:		
	Laudel Perez			
	<u> </u>	(Name of Person)		
	LDI Wall Finishes, LLC			
		(Firm/Company)		
	16350 Tudor Grove Dr.			
		(Address)		
	Orlando, FL 32828			
		(City/State and Zip Code)	08 NUG SECRE TALLAH	-77
			58 3	1 1
For further information c	oncerning this matter, please ca	ili:	表示 2	17.5
		at (407_) 4704965	SE SE	
Laudel Perez	(D-was)	(Area Code & Daytime Te	lephone Number) FLOAT 7	Carrier (1)
(Name	of Person)	,	1.2 S.1	(Lead
				i.
Enclosed is a check for t	he following amount:		nhi D	
□ \$25.00 Filing Fee	□\$30.00 Filing Fee &	\$55.00 Filing Fee &	23\$60.00 Filing Fee, Certificate of Status &	
₩ \$25.00 / mmg 1 00	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

TO:

Registration Section

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

LOI WO	Il Finic	thes, LLC		
(<u>Name of the Limited</u> (A	Liability Company Florida Limited Lia	y as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Li	ability Company w	vere filed on 05.08.2008		and assigned
Florida document number <u>L08000046298</u>	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
The new name must be distinguishable and end wit "L.L.C."	the words "Limite	d Liability Company," the	designation "LLC	" or the abbreviation
Enter new principal offices address, if applica	ıble:	·····		
(Principal office address MUST BE A STREE	T ADDRESS)	/V	/A—	7AL 08
				B MUG 2
Enter new mailing address, if applicable:	2012		/ / A	
(Mailing address MAY BE A POST OFFICE I	<u>80x)</u>	/V	14	EF S
B. If amending the registered agent and/or registered agent and/or the new registered of	r registered officies address here:	ce address on our reco	/ ords, <u>enter the</u>	name of the new
Name of New Registered Agent:	Daniel Osman			
New Registered Office Address:	16350 Tudor G			<u></u>
		(Enter Flor	rida street addre	ss)
	Orlando		, Florida <u>3282</u>	3
		(City)		(Zip Code)
New Registered Agent's Signature, if changing F	egistered Agent:			

(If Changing Registered Agent) Signature of New Registered Agent)

Page 1 of 2

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 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 <u>Title</u> **Type of Action** Name <u>Address</u> MGRM Daniel Osman 16350 Tudor Grove Dr. 7 Add Orlando, FL 32828 Remove ☐ Add Remove 🗂 Add Remove T Add Remove ___ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E Š Aug. 20 Dated ___ Signature of a member or authorized representative of a member Resez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00