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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

NOV - 1 2010

EXAMINER

COVER LETTER

TO:

	· ·	•	COVERLETTER	
TO:	Registration Se Division of Co			
SUBJECT:S		Scotty's	Carpentry LLC	
	<u> </u>		ed Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			Scott T. McNeill	
			Name of Person	
Scc		S	cotty's Carpentry LLC	
			Firm/Company	
1425			1425 SE 43rd Street	
			Address	
		С	ape Coral, FL 33904	
		·	City/State and Zip Code	
		F-mail address: (t	neillscott@ymail.com o be used for future annual report notificat	ion)
For furt	her information of	concerning this matter, please c	·	
		ott T. McNeill	at ()	98-2732
	Name o	of Person	Area Code & Daytime To	elephone Number
Enclose	ed is a check for t	he following amount:		
\$ 25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION VISION OF CORPORATIONS OF

10 OCT 25 MIT 42

	Scotty's Carpentry LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appe Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Lia	ability Company were filed on	May 30th, 2008	_ and assigned
Florida document numberL08000054	095		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	ere:	
Sco	otty's Finish Carpentry, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE)	T ADDRESS)		
Enter new mailing address, if applicable:			· ·
(Mailing address MAY BE A POST OFFICE I	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	Enter Florida street addres	rs.
		, 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 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** Name Address **Type of Action** ☐ Add Remove ☐ Add ☐ Remove Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 27 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00