

LO8000082498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

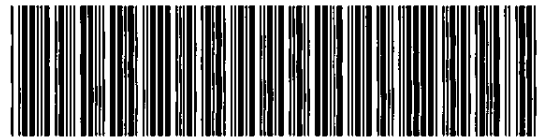
(Business Entity Name)

(Document Number)

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Amend

LO8-82498

FILED
09 JAN 12 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

JAN 14 2009

EXAMINER

CF 25.00

Leininger Law Firm, P.A.
114 Palmetto Street, Suite 8
Destin, Florida 32541
leiningerlawfirm.com

Michael R. Leininger
Attorney and Counselor at Law

Telephone: (850) 650-9916
Facsimile: (850) 650-9963

January 7, 2009

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Amendment to Articles of Organization for HOME RENOVATION AND RE-SALE SPECIALISTS, LLC

Dear Sir or Madam:

Please find the enclosed Amendment to the Articles of Organization for HOME RENOVATION AND RE-SALE SPECIALISTS, LLC, a Florida limited liability company. I respectfully request that you forward these documents to the appropriate department for timely filing and processing.

I have also enclosed funds in the amount of Twenty Five and 00/100 Dollars (\$25.00) to cover the cost of the filing.

If there are any issues, questions or concerns relating to this request or any deficiencies contained herein, please feel free to contact me via the office information listed above in order to discuss the same.

Thank you in advance for your professional courtesy and immediate assistance in this regard.

Sincerely,



Linda S. Townsend
Secretary to Michael R. Leininger

Enclosures
cc: Home Renovation and Re-Sale Specialists, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME RENOVATION AND RE-SALE SPECIALISTS, 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:

MICHAEL R. LEININGER
(Name of Person)

LEININGER LAW FIRM, P.A.
(Firm/Company)

114 PALMETTO STREET, SUITE 8
(Address)

DESTIN, FLORIDA 32541
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL R. LEININGER at (850) 650-9916
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

HOME RENOVATION AND RE-SALE SPECIALISTS, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
09 JAN 18 PM 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on AUGUST 28, 2008

Florida document number L08000082498

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	THOMAS A. HUGHES	P.O. BOX 1264 DESTIN, FLORIDA 32540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DAVID P. CROCKETT	P.O. BOX 1264 DESTIN, FLORIDA 32540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

January 5, 2009

Kelli M. Crockett

Signature of a member or authorized representative of a member

KELLI M. CROCKETT

Typed or printed name of signee