## 608000090434

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2009 JUN -3 AM 10: 21
SECRETARY OF STATE
SALLAHASSEE. FLORIDA

T. CLINE

JUN - 4 2009

**EXAMINER** 



May 11, 2009

MELISSA IRONS 1307 E NORMANDY BLVD STE 2 DELTONA, FL 32725

SUBJECT: ARNOLD SCHWEGLER, LLC.

Ref. Number: L08000090434

We have received your document for ARNOLD SCHWEGLER, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as it is not distinguishable from the name of an existing entity. Section 608.4061 Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L08000011882.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 709A00015871

## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJE	ECT:	. ARNOLD S	CHWEGLER LLC			
		Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			MELISSA IRONS		_	
			Name of Person			
	SHINNER ACCOUNTING SERVICES, CORP.					
	Firm/Company				=	
		1307 E	NORMANDY BLVD ST	E 2	_	
	Address		200 TAL			
	DELTONA, FL 32725			CRE LAF	7	
			City/State and Zip Code		2009 JUN -3 SECRETAR) TALLAHASS	
		E mail address (	to be used for future annual report n	atification)	EE. P	m
For fur	ther information o	concerning this matter, please c	•	ourication)	AM 10: 21 Y OF STATE EE, FLORID	
					DE 1	
		LISSA IRONS of Person	at ( 386 ) Area Code & Day	5746444 rtime Telephone Numbe	er	
Enclos	ed is a check for th	he following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certifie	ate of Status &	ed)

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

ARNOLD SC	HWEGLER LL	.C	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appea ed Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on	09/23/2008	and assigned
Florida document numberL08000090434			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	e <u>re</u> :	
The new name must be distinguishable and end with the words "I	HE ASB	Renovation	1 Specialists
The new name must be distinguishable and end with the words "I"L.L.C."	Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		2009 SE:
			PR L T
			SSR -
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			F SIMIE 2
			<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street ad	dress
	Li		
	City	, Florida	7in 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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	RONAL SCOTT BURGE	1275 FIELDSTONE AVE DELTONA, FL 32725			
			Add Remove		
			Add Remove		
			Add Remove		
			A DAdd Remove		
			Remove		
D. If amendi	ng any other information, enter chan	nge(s) here: (Attach additional sheets, if necesso	<i>1ry.)</i> 		
 Dated	MAY 5TH 2	2009			
		per or authorized representative of a member			
		NOLD SCHWEGLER			
•		ed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00