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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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C. LEWIS

JUN 1 7 2009

EXAMINER

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| TO: | Registration Section 6 Division of Corporations |
| SUBJ | |
| | Name of Limited Liability Company |
| The er | sclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Jeffre Germano |
| | Jeffre Germad Name of Person Germad Puc Referre Firm/Company 2606 Warwick Terrice Address |
| | 2606 Worwilk Ferrice |
| | Palm Harbor FL 34685 |
| | City/State and Zip Code K 5 50C 13 (2) Ya hou. (am E-mail address: (to be used for future annual report notification) |
| For fu | ther information concerning this matter, please call: |
| | Name of Person at (702) 332-8096 Area Code & Daytime Telephone Number |
| | Name of Person Area Code & Daytime Telephone Number |
| Enclos | ed is a check for the following amount: |
| 2 525 | 3.00 Filing Fee \$\ \text{Certificate of Status}\$\ \text{S55.00 Filing Fee & \text{Certificate of Status}}\$\ \text{Certified Copy}\$\ \text{Certificate of Status & \text{Certificate of Status}}\$ |

(additional copy is enclosed)

~COVER_LETTER

MAILING ADDRESS:

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

Certified Copy

(additional copy is enclosed)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



June 17, 2009

JEFFREY GERMANO GERMANO PWC REPAIR 2606 WARWICK TERRACE PALM HARBOR, FL 34685

SUBJECT: GERMANO PWC REPAIR LLC

Ref. Number: L08000116871

We have received your document for GERMANO PWC REPAIR 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 document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 809A00017509

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on $\frac{12-26-00}{2}$ 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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> | Type of Action |
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| D. If amer | nding any other information, | enter change(s) here: (Attach additional shee | ets, if necessary.) |
| _ | | | ZOB JUL - E |
| - | | | HASSEE. |
| Dated | 7-1-09 | | 8 MII: 03 SSEE, FLORIDA |
| ease Sign | Signatur | Typed or printed name of signee | mber |

Page 2 of 2

Filing Fee: \$25.00