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EXAMINER



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11/02/09--01013--006 **25.00

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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO:	Registration Sect Division of Corpo						
SUBJE	ECT:	Marshall-Co	ok Enterprizes LLC				
		Name of Limi	ted Liability Company				
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please	return all correspond	dence concerning this matter	to the following:				
	Shannon Nelson						
Name of Person							
Marshall-Cook Enterprizes LLC							
Firm/Company							
		•	14545 Michener Trail				
			Address				
	Orlando, FL 32828						
			City/State and Zip Code				
	shannon@guttertopperofflorida.com E-mail address: (to be used for future annual report notification)						
For furt	her information con	ncerning this matter, please o	·				
	Shan	non Nelson	at (407)	844-7011			
	Name of F	Person	Area Code & Daytim	e Telephone Number			
Enclose	ed is a check for the	following amount:					
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Sectificate of Status & Certified Copy (additional copy is enclosed)			

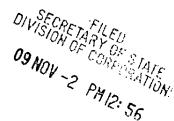
MAILING ADDRESS:

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



Mai	shall-Cook Enterprizes Ll	_C	`` 55
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	1/16/09	and assigned
Florida document numberL0900000	- · · -		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>·e</u> :	
	Marshall Enterprizes LLC		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on office address here:	our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			· · · ·
New Registered Office Address:			
	En	ter Florida street add	iress
		, Florida	
	City		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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			□ Pamaya
			, The second sec
			Domaria
			TD
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheet	s, if necessary.)
			
 Dated	October 29	2009	

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Filing Fee: \$25.00