L090000024530

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S. HAWKES
JUN 0 2 2010
EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SURII						
SUBJECT: D&D PAINT & COATINGS LLC. Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
BOBBY D SCHRAMM Name of Person						
D&D PAINT & COATINGS LLC.						
Firm/Company			Firm/Company			
1			113 TRENTON AVE			
Address						
	CRESTVIEW, FL 32539 City/State and Zip Code					
	ROB59@COX.NET					
For fu	rther information	E-mail address: (concerning this matter, please of	to be used for future annual report notification)			
	BOBE	BY D SCHRAMM	at (850) 978-1615			
	Name	of Person	Area Code & Daytime Telephone Number	s		
Enclos	sed is a check for	the following amount:				
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &		
	Regis Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, 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

D&D PAINT & COAT					
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on ou ty Company)	<u>r records.</u>)	· 		
	_				
The Articles of Organization for this Limited Liability Company were	filed on3	/12/09 and	d assigned		
Florida document number L09000024530		ششة			
			<i>6</i>		
This amendment is submitted to amend the following:			F.H.		
This another is sacrificed to arrow the tenewing.			FILED		
A. If amending name, enter the new name of the limited liability of	ompany here:				
		בה.	40 co		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the	designation "LLC" or	·		
"L.L.C."		1	Fri O		
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADDRESS)					
		4.4			
Enter new mailing address, if applicable:			.10		
(Mailing address MAY BE A POST OFFICE BOX)		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	*************************************		
		Service (V		
B. Va					
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	agaress on our rec	orus, enter the nai	ne of-the nev		
registered agent and or the new registered times address here.		1 H)		
N CN D Complete			•		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	. Florida				
Cit	ν		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> Name 1 **Address Type of Action** BRUCE E RASMUSSEN MGR 166 VILLACREST DR ☑ Add CRESTVIEW, FL 32536 Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 26** 2010 Dated_ Signature of a prember or authorized representative of a member BOBBY D SCHRAMM MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00