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MAR 23 2010

EXAMINER



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1010-12693

COVER LETTER

	on Section f Corporations
OUR IF OT	Testerman's fainting LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all con	respondence concerning this matter to the following:
	Guido Sarasky
	Name of Person
	Testerman's Painting LLC Firm/Company
	Firm/Company
	1744 Southern Oak Loop
	Address
	Minneola FL 34715
	City/State and Zip Code
	City/State and Zip Code Qido_Sarasky @ hotmail.com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Gi	ame of Person at (352) 394-1922 Area Code & Daytime Telephone Number
N	ame of Person Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:
\$25.00 Filing Fe	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Testerman's	Painting	LLC		•
(Name of the Limited I	Liability Company Florida Limited Li	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number		vere filed on3	-31-09	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
· Saras Ky	ame, enter the new name of the limited liability company here: Saras Ky's Painting LLC be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," (the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	1744 Southe	ern Dak Le	эор
(Principal office address MUST BE A STREET	ADDRESS)	Minneola	FL 34	715
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE B</u>	<u>0X)</u>	1744 South Minneola	nern Dak FL 3	SECRETARY OF CORRESON OF CORRE
B. If amending the registered agent and/or registered agent and/or the new registered offi			ecords, <u>enter</u>	the name of the new
Name of New Registered Agent:	·			
New Registered Office Address:	1744 2	Southern Oak Enter Fl cola	Loop Jorida street ada	dress
	Minn	eola	, Florida	347/5
		City		347/5 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

	Name	Address	Type of Action
			Damova
			Add Remove
			Add Remove
			Add
			[] D
			D amaria
			
, If amene	ling any other information, er	nter change(s) here: (Attach additional sheets, if r	necessary.)
. If amend	ling any other information, er	nter change(s) here: (Attach additional sheets, if r	necessary.)
). If amend		nter change(s) here: (Attach additional sheets, if r	necessary.)
		nter change(s) here: (Attach additional sheets, if r	necessary.)

Page 2 of 2

Filing Fee: \$25.00