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JUN 1 - 2009

EXAMINER



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	COVER LETTI	ER	- manding because
TO: Registration Section Division of Corporati	ons	V	amending because of misse spelling
su вје ст: <u>Ве с</u>	KS Home Impare Name of Limited Liability Company	rovment	LLC
The enclosed Articles of Amend	ment and fee(s) are submitted for filing.		
Please return all correspondence	concerning this matter to the following:		
	Nicholas J. 13 Name of Person Becks Home Im Firm/Company 16/2 Laura St. Address Clu- F/. 3 City/State and Zip Cod	provemen	<u>-</u> -
<i>L</i>	E-mail address: (to be used for future annual	al seport notification)	
For further information concern Name of Person		<u> 446 - 3/26</u> ode & Daytime Telephone Numb	
Enclosed is a check for the follo	wing amount:		
\$25.00 Filing Fee	S0.00 Filing Fee & S55.00 Filing Fee Certificate of Status Certified Copy (additional copy	Certific v is enclosed) Certific	Filing Fee, cate of Status & ed Copy onal 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**

OF	; . M	199- spelled
Becks Home Important (Name of the Limited Liability Company) (A Florida Limited Liability Company)	prevments LLC	<u> </u>
(<u>Name of the Limited Liability Comp</u> fn (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LO900034335</u> .		
Florida document number <u>L 0900039335</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
Becks Home Improve The new name must be distinguishable and end with the words "Limite	ment LLC	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		SEC VISIK VISIK
(Principal office address MUST BE A STREET ADDRESS)		A FE
		9 3 3 2
va	ŕ	PH 12
Enter new mailing address, if applicable:		12: 37
(Mailing address MAY BE A POST OFFICE BOX)	-M/A	7 3
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter/Florida street add	dress
	, Florida	•
	City , riorida	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

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If ame	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
_		H	
			
Dated			
	Signature of then	mber or authorized representative of a member 3ecce (ned or printed name of signee)	

Page 2 of 2

Filing Fee: \$25.00