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(Re	questor's Name)	
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(City	//State/Zip/Phone	#)
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· (Da	cument Number)	t
Certified Copies -	Certificates	of Status
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Special Instructions to I	-iling Oπicer:	
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DIVISION OF CORPORATION

T. HAMPTON

NOV 2 4 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: Seubreeze Clean and Repair UC Name of Limited Liability Company						
	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Daniel	Name of Person				
		Name of Person				
	Sendrere Uca	me And Repair LLC				
,		Firm/Company				
	108 Don B	ishop Rl Apt 14-2				
		Address				
	Santa Rosa Bea	Ch, FC 32459 City/State and Zip Code				
		City/State and Zip Code				
	Seabreezepain	to be used for future annual report notifical	tion			
For further information c	oncerning this matter, please o		iony			
Daniel Dix	A.D.	at (<u>404</u>) <u>376 - 2073</u> Area Code & Daytime T	Calcala and Nyme Land			
Name o	f Person	Area Code & Daytime 1	elepnone Number			
Enclosed is a check for the	ne following amount:					
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate 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

SEA BREEZE CLEA	AN AND REPAIR LLC	
(Name of the Limited Liability Compa	ny as it now appears on our records.	
(A Florida Limited L	Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on <u>5/13/2009</u>	and ssigned
Florida document number		2 25
- I fortula document framcor		23
This amendment is submitted to amend the following:		OFF STATE
A. If amending name, enter the new name of the limited liab	ility company here:	5 AA
The new name must be distinguishable and end with the words "Limi	Paint and Repair LLC	COL COLL
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Companý," the designatio	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	108 Don Bishop Ro Santa Rosa Beach, Fl	1 Apt 14-2
(Principal office address MUST BE A STREET ADDRESS)	Santa Rosa Beach, Fo	232459
		,
Enter new mailing address, if applicable:	108 Don Bishop Rd A, Santa Rasa Beach, F	of 14-2
(Mailing address MAY BE A POST OFFICE BOX)	Santa Rasa Beach, F	L 32459
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
·	, Florida	·
	City	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

IATCAUCIAL -	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	- the decrease dead from the first of the decrease of the second		Add Remove
			Add Remove
	**************************************		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY SECRETARY CON 10 NOV 23 (
Dated	November 19th,	2009	AH 11: 58
	Signature of a	thember or authorized representative of a member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00