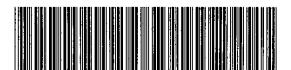
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(Re	questor's Name)	
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DIVISION OF THE S

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G. MCLEOD

AUG 13 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ReNew Property Restorations, UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christina R.W. Carroll Name of Person
Benew Property Bostorations, LLC
145 Seven Oaks Dr. 1940 Address
Mulberry, FL 33860 City/State and Zip Code
Christing @ Renew Florida com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christina R.W. Carroll at (863) 608-1448 Name of Person at (863) 608-1448 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ \$60.00 Filing Fee, \$\ \text{Certified Copy}\$\$ \$Certified Copy \$\ \text{(additional copy is enclosed)}\$\$ \$Certified Copy \$\ \text{(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

- ReNew Prope	Hy Restorations, U	<u></u>	
(Name of the Limited L (A F	iability Company as it now appears on or lorida Limited Liability Company)	<u>ır records.</u>)	
The Articles of Organization for this Limited Liab Florida document number <u>L 09000059</u>		9. 2009 and assigned	
Piorida document number			
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:		
		•	
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
	,	-	
Enter new mailing address, if applicable:		<u> </u>	
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	SIC	
		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic			
egistered agent and/or the new registered offic	e address nere.	i0:	
27 22 22 14		52	
Name of New Registered Agent:		<u> </u>	
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 MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
MGR	Patrick Carroll	145 Seven Oaks Dr. Mulberry, Fl 33860	Add Remove		
<u>mgr</u>	Christina Carroll	145 Seven Oaks Dr Mulberry, Fl. 33860	Add Remove		
			Add Remove		
			Add Remove		
	·		Add Remove		
			Add Remove		
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_		
<u> </u>			_ · _ _		
Dated AL	gust ou ano	9	· 		
	Patric	or authorized representative of a member			

Page 2 of 2

Filing Fee: \$25.00