

LD9000075230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

11/16/09--01042--015 **25.00

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS
NOV 17 2009
EXAMINER

Office Use Only

09 NOV 16 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOWARD'S HOME INSPECTION SERVICE, LLC
(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:

HOWARD S. BOLAM JR

(Name of Person)

HOWARD'S CABINET INSTALLATION, LLC

(Firm/Company)

6351 NE 185TH TERRACE

(Address)

WILLISTON, FL 32696

(City/State and Zip Code)

For further information concerning this matter, please call:

HOWARD S. BOLAM JR.

(Name of Person)

at (352) 558-4322

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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

HOWARD'S HOME INSPECTION SERVICE, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on AUGUST 05, 2009 and assigned Florida document number L090000075230.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOWARD'S CABINET INSTALLATION, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

09 NOV 16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
FLORIDA
Zip Code: 32399-0001

New Registered Office Address:

(Enter Florida street address)

(City)

Florida

New Registered Agent's Signature, if changing Registered Agent:

N/A

(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> | <u>Type of Action</u> |
|--------------|-------------|----------------|---|
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | N/A | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 11, 2009

Howard S. Bolam Jr.
Signature of a member or authorized representative of a member

HOWARD S. BOLAM JR.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

09 NOV 16 AM 8:43
SEC. 1A 1/2 STATE
TALLAHASSEE FLORIDA

FILED