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	(Requestor	's Name)	
	(Address)		
	(Address)		
	(City/State/	Zip/Phone #)
. PICK-U	Р	WAIT	MAIL
	(Business I	Entity Name)
	(Document	Number)	
Certified Copies	C	ertificates o	f Status

L. SELLERS

JAN 2 8 2010

EXAMINER

Office Use Only



300167305483

01/27/10--01038--005 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mary Walker Drywall, 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:
Marvin Walker Name of Person
Firm/Company
1206 Russell Drive
De De Horida 34761 City/State and Zip Code Leyiawal Kera Jahov. com E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 670-8284 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} &

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

(Name of the Limited Liab	pility Company ida Limited Lia	as it now appears on o	ur records.)	
The Articles of Organization for this Limited Liabili	ty Company w	were filed on $9\sqrt{2}$	2/09	_ and assigned
Florida document number L090009141	<u></u> .	•		
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabili	ty company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited	d Liability Company," tl	ne designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicables	:	1206 12	USSell	Drive
(Principal office address MUST BE A STREET AI	DDRESS)	Ocoee	, Morida	34761
Enter new mailing address, if applicable:		1206 Ru	ssell Dr	ve
(Mailing address MAY BE A POST OFFICE BOX	Q	Ocore, F	Yorida	34761
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, enter the	name of the new
Name of New Registered Agent:	Mar	canna L	. Walk	er
New Registered Office Address:	1206	Russell Enter Fl	orida street addre	<u></u>
,	Ocoee		, Florida HASSAR	ZiD Code
New Registered Agent's Signature, if changing Regis	tered Agent:		Y OF S	3 00
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	er and comple ed agent as pr stered office a	te performance of my ovided for in Chapte	duties, and Dan i r 608, F.S. Or, if	fa mi liar with and this document is

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 2

If amonding 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
MBRM	1 Elisel Dailey	116 Kentucky Street Haines City, FT 33840	Add Remove
WGSM	1 Maranna Walker	1206 Russell Drive Ocoee, Florida 3476	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
_			<u> </u>
_			
Dated	1/26, 20	TALLAHAS	10 JAN 2
	Marvin 1. Walker:		
	Typed o	Page 2 of 2	20 : 05 05

Filing Fee: \$25.00