L09000101639

(F	Requestor's Name)			
(<i>P</i>	Address)			
(/	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



100192298701

01/27/11--01025--012 **25.00

11 JAN 27 PH I2: 10
SECRESARY OF STATE

B. BOSTICK

JAN 2 8 2011

EXAMINER

COVER LETTER

	sistration Section ision of Corporations	
SUBJECT	MIKE MISKEL AND DAN BURKHARDT heND	INK COMPANY, LLI
The enclos	Articles of Amendment and fee(s) are submitted for filing.	
Please retu	all correspondence concerning this matter to the following:	
	DAN BURKITARDT	
	Name of Person	
	Mike miskel And DAN BURKHARDT Lenginh Company, LLC.	
	Fifm/Company	
	4226 FORESTER LN	
	Address	
	TAMPA, FL 33618	
	TAMPA, FL 33618 City/State and Zip Code ZACKA901 @ YAHOO. COM	SEC.
	E-mail address: (to be used for future annual report notification)	
For further	formation concerning this matter, please call:	D serve
Day	Name of Person Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number	JAN 27 PH 12:
	Name of Person Area Code & Daytime Telephone Number	194E 5: 10
Enclosed is	check for the following amount:	
\$25.00	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Co	of Status &

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

MIKE MISKEL AND DAN BURKHARDT	rendina	Com	eany, L	(C		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now ap iability Compar	iy)				
The Articles of Organization for this Limited Liability Company	•	10	12012	909	and as	signed
Florida document number 09000101639						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	ility company	<u>here</u> :				
M + D rending, rrc				·		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Cor			ion "LLC	" or the	abbreviation
Enter new principal offices address, if applicable:		4	/A			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>		
					<u>-</u>	
Enter new mailing address, if applicable:	P.O. B	ο×	2707	HASSI WASSI	4N 27	Elements mercura
(Mailing address MAY BE A POST OFFICE BOX)	P.O. B	, FC	33	67.8	3	S 11
				L STAT	<u>-</u>	Taranti I
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address o	o our	records, <u>en</u>	ter the	name (of the new
Name of New Registered Agent:	NA	· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:						
	Enter Florida street address					
			, Florid			
	City			Z	ip Cod	e

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	4/4		
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			∏Add
			Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary,) As
<u>.</u>		ر در در	
		T. C	
		RIDA A	
Dated			
	Daniel Q. Burd	lat monn	
	~ ^ `	ember or authorized representative of a member RKHARりて	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00