L09000162630

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB 2 5 2011

EXAMINER

COVER LETTER

Division of Corpo	
SUBJECT: A &	m PASTER-TNG LLC
	Name of Limited Liability Company
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	TI MOTHY MARUSA
	Name of Person
	A4 m PLASERING
	Firm/Company
	220 N. BRIGHTON DRIVE
	Address
	PORT ORANGE PL 32127
	City/State and Zip Code
	STUCCODOG@XAHOO.COM
	E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
Jin MAR	USA at (386 212 - 3330
Name of P	erson Area Code & Daytime Telephone Number
Enclosed is a check for the	fallovina amount
\$25.00 Filing Fee [\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy 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



RECEIVED

11 FEB 24 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2011

TIMOTHY MARUSA 226 N GRIGHTON DR PORT ORANGE, FL 32127

SUBJECT: A&M PASTERING LLC Ref. Number: L09000102630

We have received your document for A&M PASTERING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 711A00003530

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE
DIVISION OF CORPORATIONS

A+m PAST	FRING 110
•	
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
	•
The Articles of Organization for this Limited Liability Con	mpany were filed on/0/a3/2009 and assigned
Florida document number <u>L09</u> 00/03630	<u>.</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
A+m PLASTERIN	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	•
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ass nere.
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	P . Pl · I
	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:

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			` ☐ Add
			Remove
			Add
			Add
			Remove
			AddRemove
			<u> </u>
			Remove
lf amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets	, if necessary.)
			- DIV
			FEB 21
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ed			
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Page 2 of 2

Filing Fee: \$25.00