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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

FEB - 1 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: South Hovida Painting ReNovations 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:
Maycon Madedo Name of Person South Florida Vainting Kenovations Firm/Company
Firm/Company
1642 Van Buron st Address
Hollywood FC 33070 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maycon Machada at (305) 965-4107 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\text

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

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

OF	11 MAL 11	PM 2: 83
South Florida Pain (Name of the Limited Liability Company (A Florida Limited Liability)	as It now appears on our records.) billity Company)	LLC
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1000016932</u> .	rere filed on. F46, 13 2010	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the limited liability of the limited liability of the new name must be distinguishable and end with the words "Limited liability of the limited liability of the liabi		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		

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:

	, Citv	Florida
		TO 11
	Enter Florid	a street address
New Registered Office Address:		
Name of New Registered Agent:		

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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
 -			Add Remove		
			Add Remove		
			Add Remove		
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATIONS 11 JAN 31 PM-2: 83		
Dated(or authorized representative of a member	TIE TIONS		
	Typed	or printed name of signee			

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Filing Fee: \$25.00