

LI 0000017828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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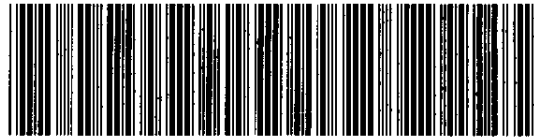
(Business Entity Name)

(Document Number)

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FILED
10 MAR -8 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. ~~County~~ MAR 9 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOM JAMES PAINTING & HOME CONSTRUCTION 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:

CHRISTINA HANSEN

Name of Person

ELF MANAGEMENT LLC

Firm/Company

864 1ST ST S

Address

WINTER HAVEN, FL 33880

City/State and Zip Code

CLH@CHRISTINAHANSENCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINA HANSEN

Name of Person

at (863)

651-7617

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

10 MAR -8 PM 12: 21

TOM JAMES PAINTING & HOME CONSTRUCTION, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/16/2010 and assigned
Florida document number L10000017828.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: ELF MANAGEMENT LLC - Christina L. Hansen

New Registered Office Address: 864 1st St S

Enter Florida street address

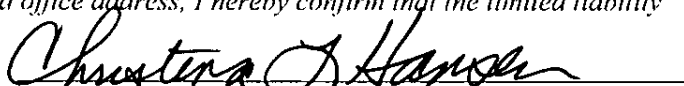
Winter Haven, Florida 33880

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TOM D JAMES	201 COUNTRY LANE NE WINTER HAVEN, FL 33881	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARK DECKARD	413 HICKORY LANE WINTER HAVEN, FL 33880	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CHARLES CONN	4866 MALIBU DRIVE LAKE WALES, FL 33859	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TOM D JAMES	201 COUNTRY LANE NE WINTER HAVEN, FL 33881	<input checked="" 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.)

FILED
10 MAR -8 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated March 1, 2010

Tom D. James
Signature of a member or authorized representative of a member
TOM D. JAMES
Typed or printed name of signee