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C. LEWIS

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EXAMINER

COVER LETTER

то:	Registration Secti Division of Corpo		* 1	- ini :	g sk sk systems	e santa de la companya de la company	***	16.5F (1.5F
SUBJI	ECT:	+ B Ren	<u>nodel</u> Limited Liabi	Lity Cortopany	LLC	·		· **)
The en	closed Articles of An	nendment and fee(s) ar	e submitted fo	r filing.				
Please	return all correspond	ence concerning this m	natter to the fol	llowing:				
		Bark)ACA Nai	Z. C	Darci	<u>a</u>		
		7+5	5 Re	m/Company	lling	uc		
		1775	iZ Su) 15 Address	2 Ct	-		
		Mi	ami	ate and Zip Code	3318	7		
	-	Y05 E-mail addre	va 7	6 a	hot I report notificat		Cor	り
For fur	ther information cond	erning this matter, ple	ase call:					
B	Arbara Z	Z.Garcia	a a		de & Daytime T	869 elephone Number		
Enclos	ed is a check for the f	ollowing amount:						
□\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of State	us — C	.00 Filing Fee ertified Copy dditional copy		\$60.00 Filing Certificate Certified C	of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

1	Or	2012 JAN [] - 常州 [: #9
Name of the Limited Liability	odeling Company as it now app	SECRETARY OF STATE CARS ON OUR PECONIDA
(A Florida L	Limited Liability Compan	y)
The Articles of Organization for this Limited Liability Co		5 14 2010 and assigned
Florida document number <u>L10000523</u>	<u>5</u> 67	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi		1 1 / 6
Y+B Paint	ina Seru	ines L.C.
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Cor	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	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 addr		n our records, enter the name of the new
Name of Navy Posistand Agents		
Name of New Registered Agent:		
New Registered Office Address:		Enter Florida street address
		Emer Fioriau sireel aaaress
		, 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 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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			AddRemove
			Add Remove
			AddRemove
			Add Remove
			☐ Add ☐ Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necesso	
			2012 JAN 11 EM
Dated	January 9, 20 Below	012.	GF STATE F. FLORIDA
	Signature of a member Barba	er or authorized representative of a member ACA Z. CANCIA d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00