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B. BOSTICK
'AUG 1 6 2011
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Muses of Limited Liability Company 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:	
David A. Mus alo Name of Person	
Mysolos Pour and Trim, CLC	
250 Meadoubrook Ave.	
Merrit Island F1 32953 City/State and Zip Code	
Musalo Do youhoo com E-mail address: (to be used for future annual report notification)	Panari,
For further information concerning this matter, please call:	
David AMUSa / at (321) 458 - 4714 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	PH 4: 2
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ \$60.00 Filing Fee \$\ \text{Certified Copy}\$\$ \$Certified Copy \$\ \text{Certified Copy}\$\$ \$Certified Copy	Ori — See, 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 ARTICLES OF ORGANIZATION **OF**

Musalo's Pour	bond	Trim, LLC			
(Name of the Limited Liab (A Flor	<u>pility Compar</u> rida Limited L	ny as it now appears on our recontability Company)	<u>rds.</u>)		
The Articles of Organization for this Limited Liabili	ity Company	were filed on June, gt	k <i>, 2648</i> ar	nd assign	ned
Florida document number <u>L/000010 (a 09</u> 9			V		
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	<u>limited liabi</u>	ility company here:			
The new name must be distinguishable and end with the	words "Limit	ted Liability Company," the design	nation "LLC" o	r the abl	reviation
L.L.C."					
Enter new principal offices address, if applicable	•	250 Meadou Merry H Isla	book	Ave	2
Principal office address MUST BE A STREET A	DDRESS)	Merrit Isla	nd, F1	329	<u> </u>
			1 - 0) _
Enter new mailing address, if applicable:	_	nowit Isla	w brogg	17 14.	ve
<u>Mailing address MAY BE A POST OFFICE BOX</u>	2	Yllerritt Islo	nd, Fl	_37	955
	ta a m		41		41
B. If amending the registered agent and/or registered agent and/or the new registered office:			enter the na	me or	ine new
			ALL.		
Name of New Registered Agent:				<u> </u>	an Alle
New Registered Office Address:	250	Meadoubrook	Ave	<u>ur</u>	S and the second
	M- 12 :	Enter Florida str H <u>LS /a</u> 10 , Flo		<u> </u>	. 3 t
-4	<u>TIEXTI</u>	City , F10	rica <u>334</u> 5Zip	<u>Code</u>	
New Registered Agent's Signature, if changing Regis	tered Agent:		Þ		

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

MGR = Manager

MGRM = Managing Member **Type of Action** Address **Title Name** MGR David Musala ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Dovid A. Musalo Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00