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NOV - 7 2011

EXAMINER



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Sign

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SECKLIARY OF STATE
TAIL AHASSEE, FLORIG

101-54582

COVER LETTER

	Division of Cor		1	
SUBJEC	T:		uction & Remodeling LLC	
		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all correspo	ondence concerning this matte	r to the following:	
		Richard E Metz		
			Name of Person	
		Islandway Remodeling Center LLC		
			Firm/Company	
		1616 Gulf to Bay Blvd #B		
			Address	
			Clearwater, FL 33755	
			City/State and Zip Code	
		E-mail address: (Rick @metzbc.com to be used for future annual report notificati	on)
For furthe	er information c	oncerning this matter, please of	call:	
		chard Metz	at (727) 44 Area Code & Daytime Te	1-8555
	Name of	f Person	Area Code & Daytime Te	lephone Number
Enclosed	is a check for th	e following amount:		
₹2 5.00	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Registration Section	ADDRESS:
		n of Corporations ox 6327	Division of Corporatio Clifton Building 2661 Executive Center	Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Islandway Cons	struction & Remodeli	ng LLC	·····	
(A Florida	ty Company as it now appears Limited Liability Company)	on our records.		
The Articles of Organization for this Limited Liability Florida document number L10000096466	Company were filed on	6-10-10	and assig	gned
Tionaa document namber	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here	:		
Islandway F	Remodeling Center LLC			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compan	y," the designation "L	LC" or the ab	breviation
Enter new principal offices address, if applicable:			≥ ≈ =	
(Principal office address MUST BE A STREET ADD	RESS)		T AS	- magney
	•		V-	
			<u> </u>	
Enter new mailing address, if applicable:				Ш
(Mailing address MAY BE A POST OFFICE BOX)	··	9	Σ × × × × × × × × × × × × × × × × × × ×	
		9	5m 6	
B. If amending the registered agent and/or registered agent and/or the new registered office add		er records, <u>enter th</u>	e name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	r Florida street addr	ess	
		, 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:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
-			Add Remove
			Add
			——————————————————————————————————————
			□ Damova
			Add Remove
			<u> </u>
			Remove
D. If ame	nding any other information	n, enter change(s) here: (Attach additional sheets, if n	ecessary.)
_			
Dated	October 15	2011	
	Signati	ure of a member of authorized representative of a member	
		Richard E Metz	
		Typed or printed name of signee	

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Filing Fee: \$25.00