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D. BRUCE
AUG 1 9 2010
EXAMINER

COVER LETTER

	ration Section n of Corporations			
SUBJECT:	DAN EDW	ARDS CUSTOM PAIN	TING, LLC	
SCHOLET.		Name of Limited Liability Company		
The enclosed Ar	ticles of Amendment and for	fee(s) are submitted for filing.		
Please return all	correspondence concerning	g this matter to the following:		
	RITA FOWLER		₹	
		Name of Person		
		FOWLER-CORLEY & ASS	SOCIATES	
		Firm/Company		
	:	5450 BRUCE B DOWNS BLVD., #323		
		Address		
		WESLEY CHAPEL, FL 33544		
		City/State and Zip Code		
	E-m	FOWLERCORLEY@MS nail address: (to be used for future annua	SN.COM al report notification)	
For further info	mation concerning this mat	·	PA 1:	
		, F	CORA :	
RITA FOWLER		at (813)	748-9654	
	Name of Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a ch	eck for the following amou	int:		
\$25.00 Filing	g Fee \$30.00 Filing Certificate		Certificate of Status &	
MAILING ADDRESS: Registration Section			EET/COURIER ADDRESS: tration Section	
Division of Corporations P.O. Box 6327		Divisio	on of Corporations n Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAN EDWARDS CUSTOM PAINTING, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/14/2010 and assigned L10000074522 Florida document number 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, enterthe registered agent and/or the new registered office address here:

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

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	THOMAS MCELYEA	2505 KEYSVILLE DRIVE LITHIA, FL 33547	✓ Add Remove
			Add Remove
			Add Remove
 			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessa	
			FEIL 10 AUG 18
			PH AT I
Dated	AUGUST 5, 2	2010 du cardio	<u>, </u>

Page 2 of 2

Filing Fee: \$25.00