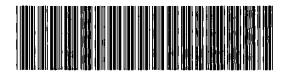
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SECRETARY OF STATE ON OF CORPORATIONS

T. HAMPTON

NOV - 3 2010

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: ELITE CUSTOM CARPENTRY, 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:					
RICHARD KURIATNYK Name of Person					
Firm/Company					
11150 N.E. 88TH LN.					
Bronson, FL. 32621					
F-mail address: (to be used for futyre annual report notification)					
For further information concerning this matter, please call:					
RICHARD KURIATNYK at (352) 642-6252  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \times \text{Solutions} \text{Solutions} \text{Filing Fee & Certificate of Status} \text{Solutions} \text{Solutions} \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy} \text{Certified Copy}					

### 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

SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

10 NOV -2 AM IT: 17

(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 Oct Florida document number <u>L1000011028</u> 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	DIVISION OF CORPORAL  10 NOV -2 AM IT: 1
Dated	,		ATE SNOTTA
	RICHARD	r or authorized representative of a member  KURIATNYK  or printed name of signee	<del> </del>

Page 2 of 2

Filing Fee: \$25.00