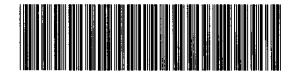
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(Re	equestor's Name)			
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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B. BOSTICK

OCT 29 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpora	ions	₩
SUBJECT: Fatsa	a Remodel no 110	
SUBJECT:	Name of Limited Liability Company	_
The enclosed Articles of Amer	dment and fee(s) are submitted for filing.	
Please return all corresponden	te concerning this matter to the following:	
_	BRADLEY ROBERTS Name of Person	_
	FUTSOR Remoneling U.C. Firm/Company	
_	22 SHaliman Dr. Address	
_	SHALIMAN FL- 32579 City/State and Zip Code	TZ OCT A
_	E-mail address: (to be used for future annual report notification)	26 PM
For further information concer	ning this matter, please call:	المسلم المسلم
TSKAXEY RO Name of Pers	on at (850) 461 - 8530 Area Code & Daytime Telephone Num	<u>ο Α</u>
Enclosed is a check for the fol	owing amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Filing Fee, ficate of Status &' fied Copy tional copy is enclosed)
MAILING Registration Division of P.O. Box 63 Tallahassee,	Section Registration Section Corporations Division of Corporations Clifton Building	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	pany as it now appears on	our records.	
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	/06//O and assigned	
Florida document number <u>L/0000/2476</u> 3	- •		
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company,"	'the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		20	
		S 6	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
intuining underess Will Belli OSI OI I IOE BONY	•	e i i i i i i i i i i i i i i i i i i i	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address had		records, enter the name of the ne	
registered agent and/or the new registered office address no	<u> </u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	Enter Florida street address	
		, 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 = Manager

MGRM = Managing Member Title **Type of Action** <u>Name</u> **Address** Greg MAPES MGR ☐ Add ☐ Remove ☐ Add Remove Remove ∏Add Remove ∏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 ROTERT
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00