## 10000129117

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
JAN <b>28</b> 2011		
EXAMINER		
Office Use Only		
Onice Use Only		



01/27/11--01011--015 \*\*25.00

TH JAN 27 PM 1: 06

•	(	COVER LETTER	
TO: Registration S Division of Cl	Section , prporations		
SUBJECT:	Southern Southern Southern	Bpecialties Land: ed Liability Company	<u>scaping</u> + Repairs ZLC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tommy Tr Southern	ripp Name of Person Home Special ties Letrals Firm/Company	Improvements & Repairs Scapin: CCC.
		Ferance Rd Address	
	<u>Canton me</u>	nt, Florida 32533 City/State and Zip Code	
		be used for future annual report notification)	
For further information	concerning this matter, please ca	11:	
Tommy Tri Name	ρρ of Person	at (850) 375-6554 Area Code & Daytime Telept	hone Number
Enclosed is a check for	the following amount:		
<b>∑</b> \$25.00 Filing Fee	S30.00 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)
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	

•

· \_

ı

ļ

Ì

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF					
Southern Specialti (Name of the Limited Liability Company (A Florida Limited Liability Company)	es LAndscaping + Repairs LLC y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company v	vere filed on Dec 16,2010 and assigned				
Florida document number <u>L10000128717</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	ity company here:				
<u>Southern</u> <u>Specialties</u> <u>Home Improv</u> The new name must be distinguishable and end with the words "Limite	ement + Repairs LLC				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	1172 Conference Road				
(Principal office address MUST BE A STREET ADDRESS)	1172 Conference Road Crantonment, ELorida				
	32533				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
(Mailing address MAT BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:					

		i_12:		
Name of New Registered Agent:	Terri Melia	r (23 3- (23	JA	8 
New Registered Office Address:	200 TAILadegaTRAIL		127	+) \$2377,441 - 1- 487 344 -
	Enter Florida stre	et address	PH	
	Pensacola, Flor	da <u>32</u>	57(	S
	City	i i i i i i i i i i i i i i i i i i i	C <b>F</b> te	

## 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.

milia

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</u> or Managing Member being added or removed from our records:

ار] ،

## MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	<b>Type of Action</b>		
			Demovia		
			Add Remove		
			Add Remove		
· · · · · ·			Add Remove		
			Add Remove		
·					
D. If am	ending any other information, a	enter change(s) here: (Attach additional she	ets, if necessary.)		
			<u> </u>		
Dated	January 6	irn Wilea			
Signature of a member or authorized representative of a member Terri Melia Typed or printed name of signee					
Page 2 of 2					

Filing Fee: \$25.00