L10000131064

(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:					

Office Use Only



200190076302

200190076302 01711/11--01004--008 **25.00

11 JAN I I PHIZ: 83

B. KOHR

JAN 1 3 2011

EXAMINER

COVER LETTER

Tp:	Registration Section Division of Corpo			
SUBJE	ECT:	1 500		
	•		Vater Tight, LLC ited Liability Company	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
The end	closed Articles of Ar	nendment and fee(s) are sul	bmitted for filing.	SECRETOR CO. S.
Please 1				
	74A74A-11			
			Name of Person	
			Firm/Company	
		430	04 W Wisonsin Avenue	
			Address	
			Tampa, FL 33616	
			City/State and Zip Code	
	,	E-mail address: (to be used for future annual report notific	ation)
For furt	ther information con-	cerning this matter, please of	eall:	
	Antor	nio Diaz Jr	at (813)	526-4321
	Name of Po	erson	Area Code & Daytime	Telephone Number
Enclose	ed is a check for the f	ollowing amount:		
₹ 25.	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL ING ADDDEGG				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



and assigned

Zip Code

Florida document numberL100001310	<u> </u>
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
Tony	's Professional Repair LLC
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on our records, <u>enter the name of the new</u> ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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 = Manager MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
	J.		Add Remove		
			Add Remove		
D. If amen	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_		
			-		
			-		
Dated	January 6th 20	<u>111</u> .			
		or authorized representative of a member			
	Tuned	Antonio Diaz, Jr or printed name of signee			
	Typed	or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00