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11 APR -4 PH 2:57

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR - 5 2011

EXAMINEP

## **COVER LETTER**

TO: Registration Secondary  Division of Corp			
SUBJECT:	James Henry	Mills Painters L.L.C	
	Name of Limit	led Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		James Henry Mills	
		Name of Person	
	James	Henry Mills Painters L.L.C	
		Firm/Company	
	1:	911 West 20th Street	
		Address	
	Ja	acksonville, FL 32209	
		City/State and Zip Code	
	Clarar E-mail address: (to	matthews@bellsouth.net o be used for future annual report notifica	tion)
For further information co	oncerning this matter, please ca	all:	
James Henry Mills Name of Person		at ( 904 ) 92  Area Code & Daytime T	24-5174
name or	rerson	Area Code & Daytime 1	elephone Number
Enclosed is a check for th	e following amount:		
<b>√</b> \$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)

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 SECRETARY OF STATE OLVISION OF CORPORATIONS

11 APR -4 PM 2: 97

James	Henry Mills Painters L	L.C
(Name of the Limited L (A F	iability Company as it now appe lorida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liab Florida document numberL110000010		January 3, 2011 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company h	ere:
The new name must be distinguishable and end with a "L.L.C."	the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		·····
(Mailing address MAY BE A POST OFFICE BE	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>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 James Henry Mills 1911 West 20th Street **✓** Add Jacksonville, FL 32209 Remove Michael Mills MGR 8018 Eaton Dot Avenue ☐ Add Jacksonville, FL 32211 ✓ Remove Add 🗌 ☐ Remove ٦Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00