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PICK-UP WAIT MAIL						
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Special Instructions to Filing Officer:						

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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

:OT

SUBJECT: TRI-COUTY REMODELING & RESTORATION, 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:
DAVID L. ASTR JR. Name of Person
TRI-COUNTY ROMODEINES + RESTORATION, LLC.
7518 4th Ave West Address
Bradentun, Fl 34209 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Davi O L. After JR. Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{S55.00 Filing Fee & Certificate of Status}\$ \$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TRI-COUTY REMODELING + RESTORATION, LLC. (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 Lial		were filed on $Qo/3$	0/11	_ and assign	ed		
This amendment is submitted to amend the follow	•						
A. If amending name, enter the new name of the limited liability company here:							
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the	e designation "LLC	O" or the abbr	reviation		
Enter new principal offices address, if applicat	ole:	(Same)	X//A		<u>. </u>		
(Principal office address MUST BE A STREET	ADDRESS)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	(Same)	N/A	ALLA			
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:	DAVID	L. Astur JR	URID,	I O	<u> </u>		
New Registered Office Address:	7518 4th Ave Wost Enter Florida street address						
	Bradent	Of) City	_, Florida	3 4 2 0° Zip Code			
New Registered Agent's Signature, if changing Re	gistered 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.

Page 1 of 2

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

Type of Action Title Name Address M6RM ☐ Add Remove Remove ☐ Add ☐ Remove ∏ Add Remove □Add □Remove \prod 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00