## L110000 83870

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PAGE 01/03

## **COVER LETTER**

TO:

Registration Section Division of Corporations

narles Smiler Name of Person

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following;

	Touch of (	Class Construc	tion LLC	
	807 Whit	egak ct.		
		Beach Fl City/State and Zip Code  cl Smiley (a) aol to be used for future annual report notifica		
For further information	concerning this matter, please o	all;		
Charle	s Smiley of Person	at ( <u>850 ) 2.38 - 0.5</u> Area Code & Daytime T		
Enclosed is a check for t	the following amount:		SECR	e T
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is cricit	osed) w

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

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RECORDS

PAGE 02/03

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compan (A Plorida Limited Li	nStructive as it now a lability Comp	ppears on or	ur records.)	
The Articles of Organization for this Limited Liability Company of Plotida document number <u>L1100008.3870</u>	were filed or	7-2	1-11	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity compan	y here:		
Touch of Class Cons	struc	Hior	· LLC	,
The new name must be distinguishable and end with the words "Limit "L.L.C."		Company," th	e designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:				726 PE
(Principal office address MUST BE A STREET ADDRESS)			· · · · · · · · · · · · · · · · · · ·	PER E
	<del>-</del>			THE T
				1 X C
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				OR O
			·	OF OF
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	e:		orida street ada	iress
	City	1		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

2456084

MGR ≈ Manager

**RECORDS** 

PAGE 03/03

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:

MGRM = Managing Member Type of Action Title Name <u>Address</u> Add Remove □ Add Remove DDA 🗌 Remove Add Remove Remove RATE D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Dated\_

lyped or printed name of signee
Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00