

L110000095431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

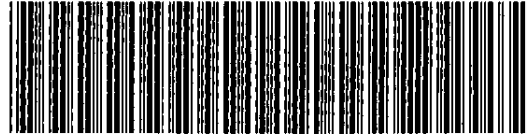
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700211092547

08/24/11--01010--008 \*\*25.00

FILED  
11 AUG 24 AM 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
AUG 25 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EXTERIOR AUTO FINISH 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:

ELSA CARTHY

Name of Person

EXTERIOR AUTO FINISH LLC

Firm/Company

9621 SUNRISE LAKES BLVD #107

Address

SUNRISE, FLORIDA 33322

City/State and Zip Code

mbranker2004@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 24 AM 19

FILED

For further information concerning this matter, please call:

MAUREEN BRANKER

Name of Person

at (954) 274-8183

Area Code & Daytime Telephone Number

Enclosed is a check for the following 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)

### 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**

EXTERIOR AUTO FINISH 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 Liability Company were filed on August 19, 2011 and assigned Florida document number L11000095431.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9621 SUNRISE LAKES BLVD  
# 107 SUNRISE FLORIDA  
33322  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
AUG 24 PM 4:13  
FILED

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

ELSA CARTHY

New Registered Office Address:

9621 SUNRISE LAKES BLVD #107

Enter Florida street address

SUNRISE

City

Florida

33322

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.*

Elsa Carthy  
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	ELSA CARTHY	9621 Sunrise Lakes Blvd #107 Sunrise, Florida 33322	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MAUREEN BRANKER	750 SW 133rd TERR. 112 C PEMBROKE PINES FLORIDA 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 22nd, 2011

ELSA CARTHY

Signature of a member or authorized representative of a member

ELSA CARTHY

Typed or printed name of signee

FILED  
11 AUG 24 AM 10 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA