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11 OCT 1/2 RM 2: 38

B. BOSTICK

OCT 1 2 2011

EXAMINER

COVERLETTER

SUBJECT: Mallette's Drywall and Painting, L.L.C. 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:			
Danny Mallette. Name of Person			
Mallette's Drywall and Painting, L.L.C			
9360 Elgin Rd.			
Tall. FL 3 2 3 05 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Twie Mallette at (850 421-4697 70 8 Name of Person Area Code & Daytime Telephone Number & &			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Mallette's D	rywall and Pai	nting, L. L.C.
(A Florida)	Company as it now appears on o climited Liability Company)	ur records)
The Articles of Organization for this Limited Liability C	Company were filed on	-10-11 and assigned
Florida document number 1 1000115	288	(
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
•		AR 8 7
		S N N N N N N N N N N N N N N N N N N N
Enter new mailing address, if applicable:		m - 10 pm
(Mailing address MAY BE A POST OFFICE BOX)		
		. At
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office address on our re	cords, enter the name of the new
registered agent and/or the new registered office add	ress nere:	
Nome of New Projectored Accept		•
Name of New Registered Agent:		
New Registered Office Address:	va est	· · · · · · · · · · · · · · · · · · ·
	Enter Flo	orida 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, 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 Address Type of Action Name Remove Add Remove ☐ Add Remove □ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signarire of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00