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2012 MAY -8 AM 9:59 SECRETARY OF STATE

B Tadlock MAY 11 2012

Lovon Pomeso~ 22 Carbron Rd Aprolaehorphy 24 32320

To whom it may concern:

I am submitting this statement to supposed the Amendment Change's to my Corporation, summe change mendment too P's Framing Co., LLC, and Removal of both MCRM as indirected on pg 2.

Any Refund Host I'm due can be applied to the filing fee for this somendment, and suything also can be mailed to Leven Paranson, at the shore seldness. If theirs may thing else that might be used plane loutrand me set 850-370-6122 on the soldness shore.

Think you, Leuan Reaman

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
LEVON PENRSON
P'S Francy Co. LLC.  Firm/Company
Address  Aprolise hicola, 21, 32320  City/State and Zip Code
Aprolose hicola, 21, 32320
Citý/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lovon Person at (850) 370 - 6122  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
MAHING 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

	OI	7	201 SE
P. &B FRI	amning Co.	inproy L.L.C.	AR F T
(Name of the Limited (A	<b>Liability Compan</b> Florida Limit <b>e</b> d Li	y as it now appears on our records.) ability Company)	IL IARN
The Articles of Organization for this Limited Lia	ability Company	were filed on	and assigned
Name of the Limited (A  The Articles of Organization for this Limited Lia  Florida document number	7894.		IO: OC STATE
This amendment is submitted to amend the follo			A
A. If amending name, enter the new name of	the limited liabi	lity company here: P'S F	earning Company Co
The new name must be distinguishable and end with "L.L.C."			
Enter new principal offices address, if applica (Principal office address MUST BE A STREE)	ble:	LOVON PEARSON	د د
(Principal office address MUST BE A STREE)	(ADDRESS)	22 Cubson Rd.	
		Aprilia chirola, 21	32320
Enter new mailing address, if applicable:		some os above	
(Mailing address MAY BE A POST OFFICE B	(OX)	;	
B. If amending the registered agent and/or			r the name of the new
Name of New Registered Agent:	Lovon	Enter Florida street a  City  Page 26  City	
New Registered Office Address:	22 Cub	son Rd	
-		Enter Florida street a	ddress
	Applisch	rula Hards, Florida	32320
	,	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	VORNEIL BENDER	1407 CAST 6th Ct.	Add Remove
MGRN	JAMES DAVIS	275 25th St. April 250	Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	<del>_</del>
			<del>-</del>
Dated	· · · · · · · · · · · · · · · · · · ·	 1	
	_ Senon la	Parson	
	Signature of a memb	er or authorized representative of a member	
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00