## L11000136704

| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ad                     | ddress)            |                 |
| (Ac                     | ddress)            |                 |
| (Ci                     | ty/State/Zip/Phone | <del>= #)</del> |
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2012 SEP 24 AM 54 32 SECRETARY OF STATE, TALLAHASSEE, FLORIDA

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J. SAULSBERRY EXAMINER SEP **25** 2012

## **COVER LETTER**

| TO: Registration Division of C |  |  |                        |   |             |
|--------------------------------|--|--|------------------------|---|-------------|
| SUBJECT:                       | ······································     | DELING PLUS LLC  | ;                      | <b>14-</b>  |             |
|                                | Name of Lim                                | ited Liability Company                                     |                        |   |             |
| The enclosed Articles          | of Amendment and fee(s) are su             | bmitted for filing.  |                        |   |             |
| Please return all corres       | pondence concerning this matte             | r to the following:  |                        |   |             |
|                                |  | ELVIRA ACOSTA  | ···-                   | _   |             |
|                                |  | Name of Person   |                        |   |             |
|                                | ELVIRA AC                                  | OSTA ENROLLED AG   | BENT INC.              |   |             |
|                                |  | Firm/Company   |                        |   |             |
|                                | 401 CORAL WAY SUITE 107                    |  |                        | TAL S   | <b>2</b>    |
|                                |  | Address  |                        |   | 5<br>2 **:  |
|                                | co   | CORAL GABLES FL 33134                                      |                        |   | 7017 SEP 24 |
|                                |  | City/State and Zip Code                                    |                        |   |             |
|                                | TAXMA                                      | ASTER@BELLSOUTH to be used for future annual repo          | .NET                   | France ( / )                                      | do C        |
| For further information        | concerning this matter, please             | •  | it notification)       |   | 3           |
|                                | VIRA ACOSTA                                | at (_305_)   | 541-9333               |   |             |
| Name                           | of Person                                  | Area Code & l  | Daytime Telephone Numb | er  |             |
| 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 en | closed) Certific       | Filing Fee, cate of Status ed Copy onal copy is e |             |
| MAI                            | LING ADDRESS:                              | STREET/C   | OURIER ADDRESS:        |   |             |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OM REMODELING PLUS ELOORS LLC

| (Name of the Limited Liability Compa<br>(A Florida Limited I  |                   |                           | .)            | <del></del> |              |
|---|-------------------|---------------------------|---------------|-------------|--------------|
| The Articles of Organization for this Limited Liability Company Florida document numberL11000136704   | y were filed on   | DECEMBER 5,               | 2011          | and ass     | signed       |
| This amendment is submitted to amend the following:   |                   |                           |               |             |              |
| A. If amending name, enter the new name of the limited liab   | bility company    | <u>here</u> :             |               |             |              |
| OM FLOORS, PAINTING   | AND PARTI         | TIONS LLC                 |               |             |              |
| The new name must be distinguishable and end with the words "Lim"L.L.C."  | ited Liability Co | mpany," the designati     | on "LLC"      | or the      | abbreviation |
| Enter new principal offices address, if applicable:   |                   |                           | <b>≯</b> o    | 22          |              |
| (Principal office address MUST BE A STREET ADDRESS)   |                   |                           | ECHETAR)      | 12 SEP 24   | * 1          |
| Enter new mailing address, if applicable:   |                   |                           | OF S          | <b>35</b>   |              |
| (Mailing address MAY BE A POST OFFICE BOX)  |                   |                           | TATE<br>ORIDA | æ 32        | **same       |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent: |                   | on our records, <u>en</u> | ter the 1     | name (      | of the nev   |
| New Registered Office Address:  |                   |                           |               |             |              |
|   |                   | Enter Florida stree       | t address     |             |              |
|   |                   | , Florid                  |               |             |              |
|   | City              |                           | Z             | lip Cod     | e            |

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 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

| <u> Title</u>   | <u>Name</u>                           | Address   | Type of Action |
|-----------------|---------------------------------------|---|----------------|
|                 |                                       |   | Add            |
|                 |                                       |   | Add Remove     |
|                 |                                       |   | Add<br>Remove  |
| D. If amen<br>— | nding any other information, enter ch | nange(s) here: (Attach additional sheets, if necessar | 7              |
| _               |                                       |   | 2012 SEP 24 J  |
| _               | CEDTEMPED 47                          | 2042  | AM 80 32       |
| Dated           | SEPTEMBER 17                          |   |                |
|                 | •                                     | mber or authorized representative of a member         |                |
|                 |                                       | OSMANI DUPEYRON  Viped or printed name of signee      | <del></del>    |

Page 2 of 2

Filing Fee: \$25.00