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(Re	questor's Name)	
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DEFACTABLE OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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D. BRUCE

APR 0 2 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ALEN'S PAINT & TIE, 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:
TRAUS Allen Name of Person
Allews Facus & TILE, LLC.
373 Caré DR.
TALANASSEE EL 32305 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TTAUIS ALLAN at 80 0508-2525 83 No 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{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(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

Allen's DAWY ? (Name of the Limited Liability	Company as it now appears on	our records.)
(A Florida I	Limited Liability Company)	
The Articles of Organization for this Limited Liability C	•	24/20/7 and assigned
Florida document number <u>L1260 414</u>	<u>1</u>	
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,"	the designation "LLC" or the abbreviation
L.E.C.		₹ø. →
Enter new principal offices address, if applicable:	·	
Principal office address MUST BE A STREET ADDR	RESS)	AH.
		S. No.
		110
		Comments.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		37-
3. If amending the registered agent and/or regist registered agent and/or the new registered office add		records, enter the name of the new
·		
Name of New Registered Agent:		
New Registered Office Address:	<u>:</u>	
	Enter F	ilorida 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 <u>Name</u> **Type of Action** M GRM ☐ Add Remove ☐ Add Remove Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member TRAVIS m Alley
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00