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J. BRYAN

SEP - 5 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Victors Resurfacing 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:	
Victor Poveriet Name of Person Victors Resurfacing LLC Firm/Company	3
Victors Resurfacing LLC Firm/Company 10211 N. Oklawaha Ave. Address Tampa FL 33617 City/State and Zip Code	- -
Tampa FL 33617 City/State and Zip Code ann. adams refinishing e gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Victor Poveriet at (813) 348-5041 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)}\$	
MAILING ADDRESS: STREET/COURIER 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

VICTORS RESURFACING	LLC
(<u>Name of the Limited Liability Comparly</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 7-23-12 and assigned
Florida document number <u>L1200094817</u> .	
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liabili	ty company here:
Masters Custom creations	LLC
Masters Custom creations The new name must be distinguishable and end with the words "Limited" L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	200
	S S T
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	Will P
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	•		Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary,	SQ SQ
Dated Aug	Signature of a member of Typed of	•	12
	vit OI.	 ·	
	Signature of a member of	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00