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(Requestor's Name) (Address) (Address)	400241064664		
(City/State/Zip/Phone #)	10/25/1201015023 **25.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILE 2012 OCT 25 SECRE TARY TALL AHASSET		
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	J. BRYAN OCT 26 2012 EXAMINER		

COVER LETTER

TO: Registration Section Division of Corporations

SERVICES, UC TERIOR BUI 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:



For further information concerning this matter, please call:

at (904) 347-0437 GENOVAR 2 Davtime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

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INTERIOR BUDWG (Name of the Limited Liability Compan (A Florida Limited L	SERVICES	LALE.	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears (ability Company)	<u>ón our records.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{500739785755}{L/2000119746}$	were filed on	9-19-12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
INTERIOR BULLING SERVICE The new name must be distinguishable and end with the words "Limit "L.L.C."		7," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		L P	2 2 1
		1	m ²
Enter new mailing address, if applicable:			The Z O
(Mailing address MAY BE A POST OFFICE BOX)			100
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			7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street addr	ess
		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

Page 1 of 2

' If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or <u>Managing Member being added or removed from our records</u>:

MGR = Manager ` MGRM = Managing Member

ļ.

<u>Title</u>	<u>Name</u>		<u>Address</u>			Type of A	<u>Action</u>
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D. If ame	nding any other informa	tion, enter change	(s) here: <i>(At</i>	tach additional shee	els, if necessant for AHASS	2012 OCT 25 PM 1: 33	FILED
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		LHAD GEN	or authorized n 10VA K		mber		
			Page 2 of	2			

Filing Fee: \$25.00