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SECRETARY OF PHORIDA

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COVER LETTER

TO: Registration Sec Division of Corp		ون يوپو يو	AND THE PARTY OF T
SUBJECT:	9 NTA RONAME OF Limite	SA Remode d Liability Company	=Ling LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Phihhit	Name of Person	N
	SANTA	ROSA RE	modeling LCC
	7- SE.	A dunes	COUG
	SANTA	Rosa B.	ENCH 39459 Si.com
	Ph, LL E-mail address: (to	C & M C H be used for tuture annual report notifica	Si · Com
For further information co	oncerning this matter, please ca	11:	
Phillip Name of	P CARRO	at So J	67 2450 Telephone Number
Enclosed is a check for the	ne following amount:	·	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTA ROSE REMODELIN	a Lic
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L 1 3 0000 347 53 L 1 3 0000 34 753	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
SANTA BOSA REMODELING LLC The new name must be distinguishable and end with the words "Limited Liability Company," the	•
The new name must be distinguishable and end with the words "Limited Liability Company," the "L.L.C."	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our recregistered agent and/or the new registered office address here:	ords, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Flor	ida street address
	PH TO
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	5 O

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.

mending	any other information	, enter change(s) here:	(Attach additional sheets, if necessary.)
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03	1/29/2013		
	Dl	Carrel	zed representative of a member
	Signatu	re of a member or authoriz	zed representative of a member
	Philip	CARADA	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Typed or printed in	name of signee

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Filing Fee: \$25.00