

LI3000110026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

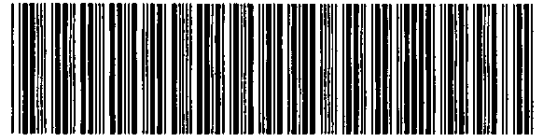
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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08/21/13--01028--007 **60.00

2013 AUG 21 AM 10:55
RECEIVED
FILING OFFICE

J. SAULSBERRY
EXAMINER
AUG 26 2013

Slick Works

Mobile Home Rehab & Upgrades LLC

Phone
(772) 626-2789

Email
Slickworks.mhupgrades@gmail.com

Cover Letter

To: Florida Department of State

From: Slick Works-Mobile Home Rehab & Upgrades LLC (Richard Cocchia)

Date: 08/12/2013

I am adding a managing member to the corporation. This amendment is to do so. I have attached required documents and payment for doing so. The return mailing address is:

Slick Works-Mobile Home Rehab & Upgrades LLC
204 SE Pinewood Trail
Port St. Lucie, FL 34952

2013 AUG 21 AM 10:55
FBI - PORT ST LUCIE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Slick Works - Mobile Home Rehab & Upgrades 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:

Richard Cocchia

Name of Person

Slick Works Mobile Home Rehab & Upgrades LLC

Firm/Company

204 SE Pinewood Trail

Address

Port St Lucie, FL 34952

City/State and Zip Code

slickworks.mhupgrades@gmail.com

E-mail address: (to be used for future annual report notification)

2013 AUG 21 AM 10:55
STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Richard Cocchia

Name of Person

772 626-2789

at ()

Area Code & Daytime Telephone Number

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 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Slick Works - Mobile Home Rehab & Upgrades LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/05/2013 and assigned Florida document number L13000110026.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2011 AUG 21 AM 10:55

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 records, enter the name of the new registered agent and/or the new registered office address here:

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 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:

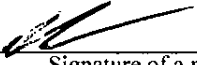
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Richard Kyle Cocchia	204 SE Pinewood Trail	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2013 AUG 11 AM 10:55
CLERK OF COURT
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 12th, 2013



Signature of a member or authorized representative of a member

Richard Cocchia

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 21 AM 10:55
MAIL ROOM