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SECRETARY OF STATE
AN LAHASSEE. FLORIG

J. BRYAN

FEB - 4 2011

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

DK HARDWARE SUPPLY LLC 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: Artem Goldman Name of Person DK Hardware Supply LLC Firm/Company 1835 E. Hallandale BCH BLVD STE 264 Address Hallandale FL 33009 City/State and Zip Code ArtGoldman@dkhardware.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Artem Goldman 851 - 2811 Area Code & Daytime Telephone Number · Name of Person Enclosed is a check for the following amount: \$55.00 Filing Fee & \$60.00 Filing Fee, \$30.00 Filing Fee & \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section '

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DK HARDWARE SU	PPLY LLC
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)
(
The Articles of Organization for this Limited Liability Company were f	filed on09/05/2008 and assigned
Florida document numberL08000084807	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and end with the words "Limited Lia" L.L.C."	ability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	F. 3
	AHE TEB
	SSS
Enter new mailing address, if applicable:	E E
(Mailing address MAY BE A POST OFFICE BOX)	FLO
	RIDE
	D
B. If amending the registered agent and/or registered office ac	ddress on our records, enter the name of the ne
registered agent and/or the new registered office address here:	
Name of Name Designated Assemb	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter rioriaa sireei aaaress
	, Florida
City	zip Coae

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 Type of Action Name 1 **MGRM** Artem Goldman 1835 E. HALLANDALE BCH BLVD **✓** Add STF 264, HALLANDALE, 33009 Remove Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 1st 2011 Dated Signature of a member or authorized representative of a member EdwARd FiShm AN
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00 `