

**LD4000054124**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 APR -6 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
Apr. 9 2012  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2012

DENNIS BOOTH  
4006 BERMUDA GROVE PLACE  
LONGWOOD, FL 32779

SUBJECT: INDEPENDENT BUILDING MATERIALS, LLC  
Ref. Number: L04000054124

We have received your document for INDEPENDENT BUILDING MATERIALS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 912A00010330

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Independent Building Materials, 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:

Dennis Booth

Name of Person

Firm/Company

4006 Bermuda Grove Place

Address

Longwood, FL 32779

City/State and Zip Code

dennisbooth@cfl.rr.com

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

For further information concerning this matter, please call:

Dennis Booth

Name of Person

at ( 407 )

467-5470

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**

FILED

12 APR -6 PM 3: 40

Independent Building Materials, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/21/2004 and assigned  
Florida document number L04000054124.

This amendment is submitted to amend the following:

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

Independent Roofing Supply, LLC

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)**

4006 Bermuda Grove Place

Longwood, FL 32779

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4006 Bermuda Grove Place

Longwood, FL 32779

**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:**

Dennis Booth

**New Registered Office Address:**

4006 Bermuda Grove Place

*Enter Florida street address*

Longwood

Florida

32779

*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 Member being

Managing Members on our records, enter the title, name, and address of each Manager or removed from our records:


MGR = Manager  
MGRM = Managing Member

L 04000054124

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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


Dated \_\_\_\_\_

X   
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
X DENNIS BOOT  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
12 APR -6 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA