L0400001496

| | (Requestor's Name) | | | | |
|------------------------|--------------------------|--|--|--|--|
| | (Address) | | | | |
| | (Address) | | | | |
| | (City/State/Zip/Phone #) | | | | |
| PłCK-UP | wait Mail | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |

Special Instructions to Filing Officer:

L. SELLERS

DEC 3 1 2008

EXAMINER

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SECRETARY OF STATE

COVER LETTER

| Division of Cor | porations | | |
|-----------------------------|---|---|---|
| SUBJECT: HARVE | Y ROOFING LLC. | | D |
| | (Name of Limi | ited Liability Company) | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | DAN HARVEY | | |
| | - | (Name of Person) | |
| | HARVEY ROOFING LLC | ; | |
| | | (Firm/Company) | |
| | 14572 NW L AND H RD | | |
| | | (Address) | |
| | BRISTOL FL 32321 | | |
| | | (City/State and Zip Code) | |
| For further information c | concerning this matter, please ca | all: | |
| DAN HARVEY (Name | of Person) | at (850) 556-3581 (Area Code & Daytime T | clephone Number) |
| Enclosed is a check for the | he following amount: | | |
| □ \$25.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | • | | |

TO:

Registration Section

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

| HARVEY ROOFING LLC | | | | | |
|--|---|-------------|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited L | iny as it now appears on our records.) Liability Company) | | | | |
| The Articles of Organization for this Limited Liability Company were filed on 08/19/2004 and assigne Florida document number L04000061496 | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | bility company here: | | | | |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | ited Liability Company," the designation "LLC" or the abbr | eviation | | | |
| 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) | 145-72 NW Land H , Bristol, FL 32321 | <u>Rd.</u> | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | he new | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | (Enter Florida street address) | | | | |
| | (City) , Florida (City) | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | ARE ARE | T | | | |
| I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | plete performance of my duties, and I air familian wi provided for in Chapter 608, F.S. Or, if this docume | th and | | | |

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> | Type of Action |
|--------------|--------------------------------------|--|--|
| MGRM | JEFF HIGHSMITH | 9249 HWY 202 | Add Remove |
| | | THOMASVILLE GA 31757 | 0 |
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| D. If amend | ling any other information, enter cl | hange(s) here: (Attach additional sheets, if neces | ssary.) |
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| | | | · |
| Dated DECE | A. | mbet of authorized representative of a member | OB DI SEUR TALLA |
| | DAN HARVEY | yped or printed name of signee | DEC 31 |
| | | Page 2 of 2 | FOF S |
| | | Filing Fee: \$25.00 | |