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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pro-Builders of Florida 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:		
Mr. Luis E. Rosero Name of Person		
Pro-Builders	•	
tro-builders Firm/Company		
runvCompany	700 TAL	
11155 Oak Kidge Drive South	2009 SEP -3 SECRETARY FALLAHASSE	- 1
Address	TAR TASS	
Jackson Ville, Florida 32225 City/State and Zip Code	3 A SEE,	
LUIS E Rosero a hotmail. Com E-mail address: (to be used for future annual report notification)	AM II: 08	
For further information concerning this matter, please call:	>	
LUIS Rosero #1,904, 386-0094		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
S25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified C (additional copy is enclosed)} \text{Certified C (additional copy is enclosed)}	of Status &	

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

Pro-Builders of F	Florida LLC
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $3/20/1006$ and assigned
Florida document number LOPOOO ZI 132	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
	ś
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS)
	2009 FA EC
	SEP SEP
Enter new mailing address, if applicable:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(Mailing address MAY BE A POST OFFICE BOX)	m d
	77 7 11
	RATE O
B. If amending the registered agent and/or registe registered agent and/or the new registered office addro	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
Name of New Rogisters Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 = N MGRM =	Manager - Managing Member		
Title	Name	<u>Address</u>	Type of Action
MGRM	Robert M. Howar		Dalk DRIVE MAdd FLORIDA Remove 32003
			Add Remove
			Add Remove
			Add Remove
			2009 SAR SECRE ARM ARM Remove
	<u>,</u>		F S Add
D. If ame	ending any other information, enter	change(s) here: (Attach additional shee	ets, if necessary.)
 1	\		
Dated	HUQUST 42 Signature of a	2009 . nember or authorized representative of a me	ember
		asero	
	,	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00