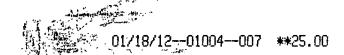
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2012 JAN 17 AM 8: 43
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

JAN 18 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Didbusters Roofing UC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.	2012 JAN SECRETA	
Please return all correspondence concerning this matter to the following:	AHA.	1
Name of Person	17 AM	
Sidbusters Roding	8: 43	
$1 \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $		
Address Address		
Casselberry FL 3273	0	
City/State and Zip.Code E-mail address: (to be used for future annual report notification)	à./\.co	~
For further information concerning this matter, please call:		
Name of Person 2201 3540-468 Area Code & Daytime Telephone Number	4	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	e 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

Bidh sters	ections.	LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears di imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on $3-1$ 64635	10-3007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,"	'the designation "LLC"	or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)	ALS:	201
		CRE	2 7
		AS	2
Enter new mailing address, if applicable:		RY See	7
(Mailing address MAY BE A POST OFFICE BOX)		FS	A
(Maning maress MAT BL AT OST OFFICE BOA)		DR A	
		_	<u>င</u> ္
B. If amending the registered agent and/or registered agent and/or the new registered office address.		records, enter the 1	name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Fntor i	Florida street address	
	Enter Fibrial Street address		
	City	, Florida 	ip 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title **Type of Action Name Address** Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Dated_ gnature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00