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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE
NOV 0 4 2008
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: DAY-PORT CONSTRUCTION FRAMING & REPAIR, 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:

	DUANE SCHULTZ			
		(Name of Person)		
	DAY-PORT FRAMING & REPAIR,LLC			
	(Firm/Company)			
	308 S BRIGHTON DR,			
	PORT ORANGE, FL 32	127	O8 SEC TAL	•
		(City/State and Zip Code)	<u> </u>	
For further information of	concerning this matter, please c	all:	NOV -3 NETARY O NHASSEE,	FILE
DUANE SCHULTZ		at (386) 295-0857		
(Name	of Person)	(Area Code & Daytime		
Enclosed is a check for t	he 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)	ed)

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

DAY-PORT FRAMING & REPA				
(Name of the Limite	ed Liability Com A Florida Limite	pany as it now appears on our reco d Liability Company)	ords.)	
The Articles of Organization for this Limited	Liability Compa	ny were filed on <u>08/17/2006</u>	and assigned	
Florida document number L06000082312	<u></u> -			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited li	ability company here:		
DAY-PORT FRAMING & REPAIR,LLC				
The new name must be distinguishable and end v "L.L.C."	vith the words "Li	imited Liability Company," the designment	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	· · · · · · · · · · · · · · · · · · ·		
			98 ALLI	
Enter new mailing address, if applicable:		N/A	NOV -	
(Mailing address MAY BE A POST OFFICE BOX)			H _Q 3 [
		7417	LS L	
B. If amending the registered agent and registered agent and/or the new registered			enter the name of the new	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
-		(Enter Florida street address)		
		. Flo	orida	
		(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 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 = Mar MGRM = M	nager , anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	·y.)
			08 NOV -3 SECRETARY OF TALLAHASSEE.
Dated OCTO	DBER 29TH . 2008	A hull	CFSTATE
	Signature of a membe	r or authorized representative of a member	
	DUANE SCHULTZ Typec	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00