(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL
(Bu	siness Entity Nan	ne)
	t .	
(Document Number)		
	•	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300102817873

05/22/07--01040--005 **25.00

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: SOUTHERN EXPOSURE HOME IMPROVEMENTS, 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:

SCOTT B SANDFORT CPA (Name of Person) BASS & SANDFORT ACCOUNTANTS PA (Firm/Company) 1301 W GARDEN ST (Address) PENSACOLA FL 32501 (City/State and Zip Code) For further information concerning this matter, please call: SCOTT B SANDFORT CPA (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: | \$25.00 Filling Fee | \$30.00 Filling Fee | \$55.00 Filling Fee | \$60.00 Filling Fee |

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SOUTHERN EXPOSURE HOME IMPROVEMENTS, LLC. (Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 4/24/07 and assigned document number L07000043292 and assigned	•	
SECOND:	This amendment is submitted to amend the following:		
	ADDITIONAL MANAGER MEMEBER NEEDS TO BE ADDED		
	EFFECTIVE 5/15/07 MICHAEL L DICKENS WILL BE A		
	MANAGER MEMBER OF THE ABOVE STYLED LLC.	- 0 : DIV.	
	ALL OTHER MANAGERS/MEMBERS WILL REMAIN IN	SECRETARY INVISION OF CO 07 HAY 22	
	PLACE.	CORPO	
,		PM 12: 50	
) 55 -÷	
		_	
Dated <u>4/2</u>	25		
	Signature of a member or authorized representative of a member		
	MICHAEL L. DICKERS Typed or printed name of signee		

Filing Fee: \$25.00