

LO700057132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

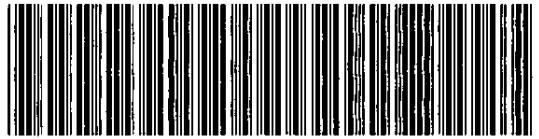
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10 FEB 10 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell FEB 11 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUN-RITE BUILDERS AND REMODELERS 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 GEORGE H AMERINE
Name of Person

DUN-RITE BUILDERS AND REMODELERS LLC
Firm/Company

1200 NORTH COLLIER BLVD,
Address

MARCO ISLAND, FLORIDA 34145
City/State and Zip Code

DUNRITEBUILDERS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE H AMERINE at (239) 537-7473
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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**

FILED

10 FEB 10 PM 12: 56

DUN-RITE BUILDERS AND REMODELERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 30th 2007 and assigned Florida document number L070000057132

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A.

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A.

New Registered Office Address:

Enter Florida street address

Florida

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.

N/A.
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 = Manager

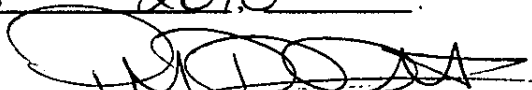
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	PAUL TROTT	1490 13 th ST SW, NAPLES FLORIDA 34117	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PA/A

Dated FEB 8th 2010



Signature of a member or authorized representative of a member

Paul Trott

Typed or printed name of signee

TEL 239-961-6610

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB 10 PM 12:56

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LLC.

STATEMENT OF OWNERSHIP

This certifies that I, PAUL M TROTT am a member or
(APPLICANT'S NAME)

managing member of DUN RITE BUILDERS AND REMODELERS, LLC
(LIMITED LIABILITY COMPANY NAME)

I own 10 % of the units issued by the Limited Liability Company
listed above.

**Affidavit of Applicant: I certify that the information contained herein is true
and correct to the best of my knowledge.**

PAUL M TROTT
(PRINT NAME)


(APPLICANT'S SIGNATURE)

1/25/10
(DATE)