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Office Use Only



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*SEGRETARY OF STATE
TALL AHASSEE FLORIDA

J. SAULSBERRY EXAMINER

MAY 30 2012

J. SAULSBERRY EXAMINER

MAY 3 0 2012

COVER LETTER

TO:	Division of Co		3. ·	· ·		<i>t</i>	
SUBJ	ECT:	* IDS Home	Improvement LLC	y ,			
- 0 20			ted Liability Company				
	•	•	,				
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
			istvan Dudas-Szabo				
			Name of Person		_		
	•	IDS	Home Improvement LLC	•			
			Firm/Company		-		
			405 Ulelah Ave		,		
			Address		- SE	2017	
					AH	E S	77
		Pal	m Harbor/Florida 34683 City/State and Zip Code	'	TAR ASSI	2012 MAY 30	
	•	mdi	•		E of		
		E-mail address: (udasszabo@gmail.com to be used for future annual report notificati	on)	101 415	AM 10: 52	
For fu	orther information o	concerning this matter, please c	all:		JE.	52	
	Magdo	Ina Dudas-Szabo	at (727) 25	4-0144			
		of Person	Area Code & Daytime Te		er		
Enclo	sed is a check for t	he following amount:					
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	iling Fee, ate of Sta d Copy anal copy	atus &	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente: Tallahassee, FL 32301	ons r Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDS Home Impr (Name of the Limited Liability Compar (A Florida Limited L	rovement LLC ny as it now appears on nability Company)	our records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL07000071146	were filed on	7/10/2007	_ and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:		•		
Pandurs Process	Serving LLC		_		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company,"	the designation "LLC	" or the abbreviation		
Enter new principal offices address, if applicable:	405 Ulelah Ave.	=======================================			
(Principal office address MUST BE A STREET ADDRESS)	Palm Harbor, Flo	orida 34683	SE 2012		
Enter new mailing address, if applicable:	P.O. Box 22	HASSEF.	HAY 30		
(Mailing address MAY BE A POST OFFICE BOX)	Crystal Beach, F	lorida 3468	H 10: 52		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the	name of the new		
Name of New Registered Agent:	·				
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.

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

<u>Title</u>	Name	Address	Type of Action
MGR	Istvan Dudas-Szabo	405 Ulelah Ave. Palm Harbor, Florida 34683	Add Remove
MGR_	Magdolna Dudas-Szabo	405 Ulelah Ave. Palm Harbor, Florida 34683	✓ Add ☐ Remove
MGRM	Jennifer Dudas-Szabo	405 Uleiah Ave. Palm Harbor, Florida 34683	✓ Add □ Remove
~~~~			Add Remove
			Add Remove
			Add
D. If amend	ling any other information, enter cha	inge(s) here: (Attach additional sheets, if necessor	ZOIZ HAY 30 TALLAHASSEN
		·	O AN IO 52
Dated <u>3</u>	X Masalono Signature of a menu	ber or authorized representative of a member	
	Ma	agdolna Dudas-Szabo	

Page 2 of 2

Filing Fee: \$25,00