# 10700091741

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EXAMINER			

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Rubico	on Installations, LLC	1	
	(Name of Lim	ited Liability Company)	<del>a na a a a</del> sa <mark>t</mark> aga a sa a a
The england Articles et	S A many durant and for (a) are such	amino d Con Clina	Market Commence of the Commenc
The enclosed Afficies of	f Amendment and fee(s) are sub	omitted for filmg.	
Please return all corresp	ondence concerning this matter	to the following:	
	Peter W Evans		
		(Name of Person)	·
		(Firm/Company)	
	260 SW 11 Court		
		(Address)	
	Pompano Beach, FL 33060		
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
Peter W Evans		at ( 954 ) 444-3340	
(Name	(Name of Person) (Area Code & Daytime Telephone Number		elephone Number)
Enclosed is a check for t	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

Rubicon Installations, LLC		<b>3</b>
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L07000084741	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Rubicon Woodworks, LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		• • • • • • • • • • • • • • • • • • •
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	2000 HAY 15 SECRETARY TALLAHASSE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	RESS)	Y 15 AHII HASSEE. FLO
B. If amending the registered agent and/or regis		
registered agent and/or the new registered office add		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 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 Address** Type of Action <u>Name</u> □ Add ☐ 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 May 13 2008 Signature of a member or authorized representative of a member Peter W Evans, Managing Member Typed or printed name of signee

Filing Fee: \$25.00

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