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J. BRYAN

SEP 16 2008

EXAMINER

COVER LETTER

TO: Registration So Division of Con				
SUBJECT:	B+S DRY (Name of Lim	IWOU LLC ited Liability Company)	<u></u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Dana	(Name of Person)		
	B+5]	Prywall CLC (Firm/Company)	 	S S
	66131	mperial Oak	Lane	08 SEP 15
	<u>Orló</u>	(City/State and Zip Code)	9	15 PH L: 03
For further information of	concerning this matter, please c	all:		S S
Dana	Robson	at (407 509 4	319	
(Name	of Person)	(Area Code & Daytime T	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 St Certified Copy (additional copy	atus &

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

	Or			S Pri
(Name of the Limited I	Jability Companion Limited Lie	y/u) all y/as it now appears of ability Company)	on our records.)	CP 15 PM
The Articles of Organization for this Limited Lia Florida document number <u>LOS</u> 6000 52		were filed on	6,2.08	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	<u>lity company here:</u>		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	Renova 2 ed Liability Company	," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		Hoo 5	Pansu Ct	3 2750
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0x</u>)	400 50 Longwo	ensu Ct	32780
B. If amending the registered agent and/or registered agent and/or the new registered off			r records, <u>enter th</u>	e name of the new
Name of New Registered Agent:				
Traine of from Augistered Agent.	11.0	3 4 4 /		
New Registered Office Address:	400 70	ansu ct	er Florida street add	ressi
	1 nm			2 76
	<u> </u>	(City)	, Florida	(7in Coda)
		(City)		(Lip 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.,)
 			SECRETARY SECRETARY ON SEP 15
	9-11 ,=	2008	RY OF STATE CORPORATIONS 5 PH 4: 03
	Dand	ember or authorized representative of a member Solo Solo Solo Solo Solo Solo Solo Sol	·

Page 2 of 2

Filing Fee: \$25.00