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SECRETARY OF STATE
FAIL AHASSEE, FLORID

J. BRYAN

MAY 1 8 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		,		
SUBJECT:	H & J UNIVERS	SAL FIBERGLASS L	LC	
Sobsile 1.		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:	OS MAN 15 PH 1: OF STATE SECRETARY OF STATE FLORITE SELC	
		JASON B LEHMANN		
		Name of Person		
	H & J UN	SLLC FIST		
	, , , , , , , , , , , , , , , , , , ,	RIGHT		
	702	E		
		Address		
	L	AKELAND, FL 33809		
		City/State and Zip Code		
	JASON_ E-mail address: (LEHMANN@YAHOO. to be used for future annual repor	COM	
For further information co	oncerning this matter, please of	·	•	
JASOI	N B LEHMANN	at (813)	376-1304	
Name of	Person	Area Code & Daytime Telephone Number		
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	Registration S Division of C Clifton Build	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H & J UNIVERSAL FIBERGLASS LLC

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

The Articles of Organization for this Limited Liability Company were filed on		09/30/08	and assigned	
Florida document number L0800009275	58			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company here	:		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company	y," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter	the name of the nev	
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 Type of Action** <u>Name</u> **Address** HOUSTON Z SIGMUND MGR 15510 BRAHMA ROAD ☐ Add POLK CITY, FL 33868 ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar 3-31-09 Dated Signature of a member or authorized representative of a member JASON B LEHMANN

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee