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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN -9 2013

J. BRYAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sybo Composites, 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:

Warren Sands
Name of Person

Firm/Company

12305 South Dixie Hwy
Address

Pinecrest, FL 33156
City/State and Zip Code

warrens@sandspetroleum.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Warren Sands at **305 970-9299**
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

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:

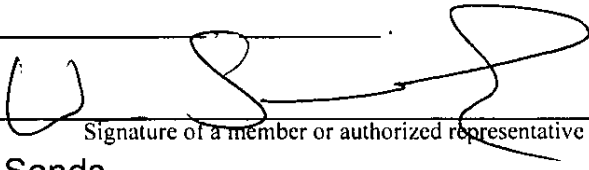
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|--------------------------------------|--|
| <u>VP</u> | <u>Stuart J. La Haise</u> | <u>1701 The Greens Way, Apt. 232</u> | <input type="checkbox"/> Add |
| | | <u>Jacksonville Beach, FL 32250</u> | <input checked="" type="checkbox"/> Remove |
| <u>OWNE</u> | <u>James A. La Haise</u> | <u>536 East 44 Street</u> | <input type="checkbox"/> Add |
| | | <u>Savannah, GA 31405</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

Warren Sands

Typed or printed name of signee

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Filing Fee: \$25.00

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