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(City/State/Zip/Phone #)

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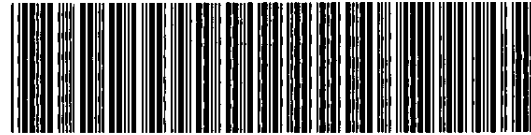
(Business Entity Name)

(Document Number)

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11 JUL 20 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 21 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DUANE BROWN DIRT HAULING, 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:

JAMES L. PADGETT, ESQ.

Name of Person

Firm/Company

113 N. 4TH STREET

Address

PALATKA, FLORIDA 32177

City/State and Zip Code

padgettlaw1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James L. Padgett

Name of Person

at (**386**)

325-2666

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
11 JUL 20 AM 11:54

DUANE BROWN DIRT HAULING, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/21/2009 and assigned
Florida document number L09000101851

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

722 Harris Fish Camp Road

(Principal office address MUST BE A STREET ADDRESS)

Crescent City, FL 32112

Enter new mailing address, if applicable:

P O Box 794

(Mailing address MAY BE A POST OFFICE BOX)

Crescent City, FL 32112

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

✓ Alvis Harris

New Registered Office Address:

722 Harris Fish Camp Road

Enter Florida street address

Crescent City

Florida

32112

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.

x Alvis C Harris
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alvis Harris	722 Harris Fish Camp Road Crescent City, FL 32112	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Carla Harris	722 Harris Fish Camp Road Crescent City, FL 32112	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Duane Brown	108 Tangerine Avenue Pomona Park, FL 32181	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rose Brown	108 Tangerine Avenue Pomona Park, FL 32181	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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11 JUL 20 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____

x Alvis C Harris Duane Brown Rose M. Brown
Signature of a member or authorized representative of a member

Alvis Harris

Typed or printed name of signee