

L100000010223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

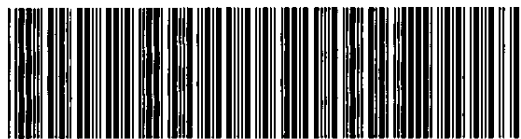
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/10--01017--007 **25.00

FILED
10 JUN 30 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oulligan JUL 1 - 2010

CLEVELAND CONSTRUCTION, INC.

5390 COURSEVIEW DR.

MASON, OHIO 45040

PH. (513) 398-8900

FAX (513) 398-6838

E-MAIL dwireman@clevelandconstruction.com

DANIEL WIREMAN

VICE PRESIDENT/GENERAL COUNSEL

June 29, 2010

Via Fed Ex Express-Priority

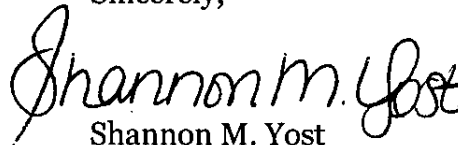
Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: North Point Panel

To Whom it May Concern:

Enclosed please find check #1306 in the amount of \$25.00 to cover registration fees for the above referred account. If you have any questions please contact Mr. Wireman.

Sincerely,


Shannon M. Yost

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: North Point Panel, 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:

Daniel R. Wireman

Name of Person

North Point Panel, LLC

Firm/Company

711 Fifth Ave., South

Address

Naples, Florida 34102

City/State and Zip Code

dwireman@clevelandconstruction.com

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

For further information concerning this matter, please call:

Daniel R. Wireman

Name of Person

at (513)

398-8900

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

10 JUN 30 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

North Point Panel, 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 January 28, 2010 and assigned
Florida document number L10000010223.

This amendment is submitted to amend the following:

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

Northpoint Building Systems, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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.)*

FILED
 10 JUN 30 AM 10:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated June 29, 2010

Daniel Wireman

Signature of a member or authorized representative of a member

Daniel R. Wireman

Typed or printed name of signee