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APR 27 2010

EXAMINER



300177530693

04/26/10--01037--006 **25.00

10 MPR 26 PH 2: 44

DIVISION OF CORPORATIONS

COVER LETTER

TO;	Registration S Division of Co				
SUBJECT: CBS RESEARCH & MANUFACTURING, LLC					
БСВОЕ			ited Liability Company		
	•				
The end	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	pondence concerning this matte	r to the following:		
			JAMES P. ANTONIC		
	Name of Person				
	JRING, LLC				
			Firm/Company		
		15880	SUMMERLIN RD #300-14	43	
			Address		
		FORT	MYERS, FLORIDA 3390	8	
		-	City/State and Zip Code		
		James.	Antonic@CBS-Homes.co to be used for future annual report no	m VS	
For furt	ther information	concerning this matter, please of	·		
	Jar	mes P. Antonic	at (941)	870-4413	
	Name	of Person		me Telephone Number	
		the following amount:			
X \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	ARUM & IVIA	INUFACTUR	rs on our records.)		
The Articles of Organization for this Limited Lia		were filed on	04/01/2010	and assi	gned
Florida document numberL100000357	709 .				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company her	<u>re</u> :		
COMPOSITE RI	ESEARCH &	MANUFACTU	RING, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compa	any," the designation "LL	C" or the a	bbreviatio
Enter new principal offices address, if applica	ble:	N/A			
(Principal office address MUST BE A STREET	ADDRESS)		,	6	≦ઝ_
				2€	<u> </u>
				R 2	C.A.
Enter new mailing address, if applicable:		N/A		9	875
(Mailing address MAY BE A POST OFFICE BOX)				⊒K	340
	<u></u> .			_ .	
<i>,</i>				-	3518
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>enter th</u>	e name of	the nev
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		En	ter Florida street addre	255	
			, 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>	Name	<u>Address</u>	Type of Action	
	N/A		Add	
		-	Remove	
			Add Remove	
			Add Remove 	
			Add Remove	
			Add Remove 	
			Add Remove	
	nding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	<u>.</u>	
				
			_	
_		.	.	
Dated	APRIL 22, 2010			
	Signature of a men	mber or authorized representative of a member		
		JAMES P. ANTONIC	<u></u>	
	· Ty	ped or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00