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G. MCLEOD

AUG-25 2010

EXAMINER



600183343536

08/23/10--01017--010 **25.00



COVER LETTER

TO: .	Registration Section Division of Corp.			: .
SUBJECT: D.V			Roofing, LLC	
	-	Name of Limit	ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Pa	atricia B. Stuart, CPA	
Odom, Moses & Company LLP				
			Firm/Company	
4424			W American Lane, Ste 101	
			Address	
	tion)			
For fu	ther information cor	ncerning this matter, please ca	be used for future annual report notifica	,
	Patricia	B. Stuart, CPA	at (386) 7	52-4621
	Name of I	Person	Area Code & Daytime T	elephone Number
Enclos	ed is a check for the	following amount:		
₹ \$25	5.00 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

D.W	/. Roofing LLC					
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appea Limited Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability C	Company were filed on	04/29/2010	and assign	ned		
Florida document number L10000045976	•					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :				
	pecialist Consultants,					
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	any," the designation "L	LC" or the abb	reviation		
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDI	RESS)					
Enter new mailing address, if applicable:			LAHA.			
(Mailing address MAY BE A POST OFFICE BOX)			\$ C			
			is the second	2 []		
B. If amending the registered agent and/or regis	tered office address on	our records, enter t	he name of	the new		
registered agent and/or the new registered office add	ress here:		75° (±2°; 1°, − C) 75°			
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
		. Florida				
	City	, i lorida	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> **Address Type of Action** ☐ Add Remove ☐ Remove .□ Add Remove ☐ Add 🔲 Remove ∏Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 . Dated Signature of a member or authorized representative of a member Darrell Turner Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00