

L10000051666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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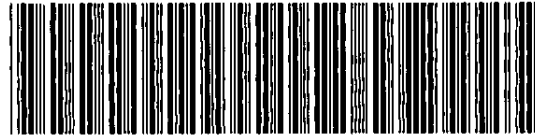
(Business Entity Name)

(Document Number)

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2013 AUG 16 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 19 2013

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2013

BRETT ROSS FRANKEL  
GS TWO, LLC  
6001 BROKEN SOUND PARKWAY NW, STE 200  
BOCA RATON, FL 33487

SUBJECT: FLORIDA HOME IMPROVEMENT SPECIALISTS, LLC  
Ref. Number: L10000051666

We have received your document for FLORIDA HOME IMPROVEMENT SPECIALISTS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P96000076670.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 713A00015899

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FLORIDA HOME IMPROVEMENT SPECIALISTS, 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:

**Brett Ross Frankel, Corporate Counsel**

Name of Person

**GS TWO, LLC**

Firm/Company

**6001 Broken Sound Parkway NW, Suite 200**

Address

**Boca Raton, FL 33487**

City/State and Zip Code

**bfrankel@peoplestrustinsurance.com**

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

For further information concerning this matter, please call:

**Brett Ross Frankel**

Name of Person

**561 417-1198**

at ( )

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FLORIDA HOME IMPROVEMENT SPECIALISTS, 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 05/12/2010 and assigned  
Florida document number L10000051666.

This amendment is submitted to amend the following:

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

RAPID RESPONSE TEAM ROOFING, 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)

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**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>
CFO	Rachel L Aldulaimi	6001 Broken Sound Pkwy, NW, Suite 200	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
VP	Adam Hasner	6001 Broken Sound Pkwy, NW, Suite 200	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
VP	Kevin Walton	6001 Broken Sound Pkwy, NW, Suite 200	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input 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.)*

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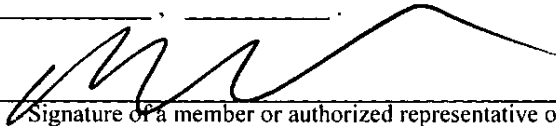
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Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

**Brett Ross Frankel**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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**2013 AUG 16 PM 12:26**

**SECRETARY OF STATE  
FALL ANNUAL MEETING**