

L10000079893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

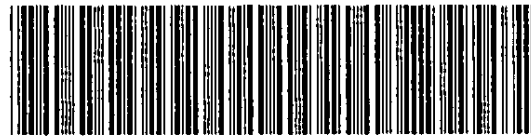
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2009 AUG - 4 PM 1:48  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

B. KOHR  
AUG - 4 2010  
EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG - 4 PM 3:50



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 468881 98373A

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 4, 2010

ORDER TIME : 12:33 PM

ORDER NO. : 468881-005

CUSTOMER NO: 98373A

FILED  
DIVISION OF SECRETARY OF CORPORATIONS  
10 AUG - 4 PM 3 50

DOMESTIC AMENDMENT FILING

NAME: DEVCON CARIBBEAN, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DEVCON CARIBBEAN, 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 07/29/2010 and assigned  
Florida document number L10000079893

FILED  
STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
10 AUG - 4 PM '30

This amendment is submitted to amend the following:

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

DEVCON, 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

City, 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:

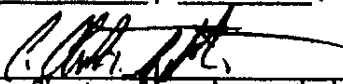
MGR = Manager  
MGRM = Managing Member

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

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

N/A

Dated August 4, 2010.



Signature of a member or authorized representative of a member

C. Christian Sautter, Authorized Representative

Typed or printed name of signee