L10000080480

. (Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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ALL AHASSEF FILED

NOV - 8 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RINO ROOFING

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Sameer Asmar

Please return all correspondence concerning this matter to the following:

Name of Person

TERRAN BUILDERS LLC

Firm/Company

7608 Dunbridge Dr

Address

ODESSA, FL 33556

City/State and Zip Code

ARD, GMAIL, COM

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

For further information concerning this matter, please call:

SAMEER ASMAR

___813 **920-906**5

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I3 NOV-7 PH 3: 08

TALLAHASSEE. FLORIDA

RINO ROOFING 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 08/02/2010	and assigned
Florida document number <u>L1000080480</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
TERRAN BUILDERS LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	7608 Dunbridge Dr	
(Principal office address MUST BE A STREET ADDRESS)	Odessa, FL 33556	
Enter new mailing address, if applicable:	7608 Dunbridge Dr	
(Mailing address MAY BE A POST OFFICE BOX)	Odessa, FL 33556	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the ney
registered agent and/or the new registered office address her	<u>e</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street c	uddress
	, 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 = M	anager
MGRM =	Managing Member
Title	Nama

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Remove
			_
			L Add
			Remove
			Add
			Remove
			_
			Add
			Remove
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am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
•	
-	NNember 3. 2013.
	Signature of a member or authorized representative of a member
	SAMEER ASMAR

Page 3 of 3

Filing Fee: \$25.00