

L11000027750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 SEP 27 AM 10:40

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FOSTERS VINYL 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:

Brendan Foster  
Name of Person

D&H Trim and Cabinet Installations  
Firm/Company

5016 Poi Terrace  
Address

PACE, FL 32571  
City/State and Zip Code

Brendan.Foster@A-H-Net  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 SEP 27 AM 10:10

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For further information concerning this matter, please call:

Brendan Foster at (850) 341-9660  
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**

FOSTERS VINYL 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 03/07/11

Florida document number L11000027750

This amendment is submitted to amend the following:

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

D&H Trim and Cabinet Installations

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)**

5016 Poi Terrace  
Pace FL 32571

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5016 Poi Terrace  
Pace FL 32571

**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:**

Brendan Foster

**New Registered Office Address:**

5016 Poi Terrace

*Enter Florida street address*

Pace

*City*

Florida

32571

*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.*

Brendan Foster

**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>
MGRM	MICHAEL S FOSTER	4025 OVERLOOK CIR PAGE, FL 32571	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Pete Kareski	5960 Quintette Hwy. Page, FL 32571	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Brendan Foster	5016 Poi Terrace Page, FL 32571	<input checked="" 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.)

Dated APRIL 13, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
MICHAEL S FOSTER  
\_\_\_\_\_  
Typed or printed name of signee