L110000027750

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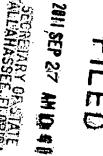
EXAMINER

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09/26/11--01027--008 **25.00



COVER LETTER

Division of Co	rporations	
SUBJECT:	FOSTERS VI	INUL LLC
		ted Lability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspondent	ondence concerning this matter	to the following:
	Brendan	Name of Person
	D4L Triv	nand Cabinet Installation;
	5016 Poi	Terrocc ES S T
	PACE	FL 32571
سوب ا	Brendara	City/State and Zip Code State Co. At Uct o be used for future annual report notification)
For further information of	concerning this matter, please ca	all:
Brendar Name o	FOS TEC	at (850) 341 - 9666 Area Code & Daytime Telephone Number
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOSTER		L LLC			
(Name of the Limited L (A F	iability Compar Iorida Limited L	iv as it now app	ears on our records		
The Articles of Organization for this Limited Liab Florida document number <u>L.11000277</u>	pility Company	•	03/07/11	and assign	
This amendment is submitted to amend the follow	ing:			最	
A. If amending name, enter the new name of the	<u>he limited liabi</u>	lity company	<u>here</u> :	577	
D&L Trim and Cabi The new name must be distinguishable and end with t "L.L.C."			tions npany," the designati	on "LLC" or the abb	reviation
Enter new principal offices address, if applicab		5011 Pace	o Poi Te FI 325	rrace 571	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	5016 Pacc	Poi Ter FI 325	race	
B. If amending the registered agent and/or registered agent and/or the new registered offic			n our records, <u>en</u>	ter the name of t	<u>he new</u>
Name of New Registered Agent:	Bren	dan F	oster		
New Registered Office Address:	5016	, Poi 1	Craec Enter Florida street	address	
	Pace	·	, Florid	32571	
		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> **Type of Action** MGRM MICHAEL S FOSTER 4025 OVERLOOK CIR Remove MGRM Pete KaresKi MGR Brendan Foster Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00