#1 11000070288

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12 AUG 10 TM 4: 35
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K.SALY EXAMINER AUG 13 2012

COVER LETTER

Division o	f Corporations		
SUBJECT:	STUART BUILD	ING PRODUCTS, LLC	
3030Be.t.		ed Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub	mitted for filing.	
Please return all con	rrespondence concerning this matter	to the following:	
	J	OHN PASSARIELLO	
		Name of Person	
		Firm/Company	
	2953	W CYPRESS CREEK RD	
		Address	
	FTL	AUDERDALE, FL 33309 City/State and Zip Code	
	P	NSCPA@GATE.NET	
	·	o be used for future annual report notification)
For further informa	tion concerning this matter, please c	all:	
JC	OHN PASSARIELLO	at (954) 977	-0900 phone Number
N	lame of Person	Area.Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
N	MAILING ADDRESS:	STREET/COURIER A	DDRESS:

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	TILED.
12 Alig 1	A
ALLAHASS	Y OF STATE TEE, TLORIDA

STUART BUILDING PRODUCTS, 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 Liab Florida document number L1100007028	<u> </u>	6-11-2011	and assigned
Florida document number L1100007028			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	my," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or registered agent and/or the new registered office	•	our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		. 121 . 1	7
	Enter Florida street address		
	City	, Florida	Zip Code
	City		Zip Coae

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>	Address	Type of Action
MGR	STACY UPPERMAN	5006 N W 105 th DRIVE CORAL SPRINGS , FL 33076	✓ Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, if necessar	
Dated	AUGUST 8	., 2012	
ĺ	Signature of	a member or authorized representative of a member JOHN PASSARIELLO Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00