1110000095342

(Requestor's Name)
(Address)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·

Office Use Only



900210825339

08/22/11--01018--014 **25.00

2011 AUG 22 AM 8: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

AUG 23 2011

COVER LETTER

	egistration Section vivision of Corporations			
SUBJECT	C & D SOFFI	TT AND SIDING, LLC	•	
		ited Liability Company	_	
	ed Articles of Amendment and fee(s) are su			
riease retu	rn all correspondence concerning this matte	r to the following:		
JANE BRADLEY				
		Name of Person		
	ВА	BARNES AND COMPANY		
Firm/Company 310 5TH AVENUE				
		Address		
	IN	FILE! 2011 AUG 22 AM SECRETARY OF 1 ALLAHASSEE.F		
INDIALANTIC, FL 32903 City/State and Zip Code		ASS S		
	JANE@	JANE@BARNESANDCOCPA.COM E-mail address: (to be used for future annual report notification)		
For further	information concerning this matter, please	•	AM 8: 21 OF STATE OF LORIDA	
	JANE BRADLEY	at (321) 723-0700	DA T	
	Name of Person	Area Code & Daytime Telephone Num	nber	
Enclosed is	a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status		Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, ficate of Status & fied Copy ficional copy is enclosed)	
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS 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

C & D SOF	<u>FITT AND SIDING, LL</u>	<u>-C</u>	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears (Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liability	Company were filed on	08/18/11	and assigned
Florida document numberL11000095342	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
C & D SC	FFIT & SIDING, LLC.		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company	," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			>5 = 11
(Principal office address MUST BE A STREET ADD	RESS)		SE 25 T
			AN 8:
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
	·	**	
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our lress here:	records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Euton	Florida street add	
	Enter	r tortaa sireet aad	iress
	City	, Florida	Zip Code
	City		Lip Coue

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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
	 		Add Remove
			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necess	ary.)
_			2011 AUG 22 SECRETARY TALLAHASSEE
 Dated	8-19 20	U	→ F m
	Signature of a member	Bradley or authorized representative of a member	1 8: 21 STATE LORIDA
	J,	ANE BRADLEY or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00