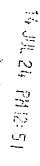
L17000\$410f8

Office Use Only



600262392896

07/24/14--01015--016 **25.00



COVER LETTER

| O: Registration Section Division of Corporations |
|---|
| UBJECT: DAC RODS New 1/C * Name of Limited Liability Company |
| he enclosed Articles of Amendment and fee(s) are submitted for filling. |
| lease return all correspondence concerning this matter to the following: |
| Day Albert Name of Person DAC Profine LCC Firm/Company 4809 Williams Road Address Pace, FL 3257/ City/State and Zip Code dac IIC @ bellsouth net E-mail address: (to be used for future annual report notification) |
| or further information concerning this matter, please call: |
| Doug Albert at (850) 982-2448 Name of Person Area Code Daytime Telephone Number |
| nclosed is a check for the following amount: |
| Sectificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Section Filing Fee & Certified Copy (additional copy is enclosed) 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

| DAC Koofing, LL | 1 | | |
|---|----------------------------------|---------------------------------------|--|
| (Name of the Limited Liability Combany as it now a (A Florida Limited Liability Comp | any) | | |
| The Articles of Organization for this Limited Liability Company were filed or | n 10/07/2013 | 3 and ass | igned |
| Florida document number <u>4/3000/4/088</u> . | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability compar | ay here: | | |
| | | | |
| The new name must be distinguishable and end with the words "Limited Liability Company. | "the designation "LLC" or the al | obreviation "L | .L.C." |
| Enter new principal offices address, if applicable: | | | ······································ |
| (Principal office address MUST BE A STREET ADDRESS) | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: | s on our records, enter | the name | of the new |
| registered agent and/or the new registered office address nere: | | | |
| Name of New Registered Agent: | • | - = k -li* | |
| Name of New Registered Agent. | | | |
| New Registered Office Address: | r Florida street address | | |
| Ente | r i ioriaa sireet aaaress | <u> </u> | i managaran da sa |
| City | , Florida | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | ιŞ | e de la companya de l |
| | | · <u>C1</u> | |
| I hereby accept the appointment as registered agent and agree to act in a provisions of all statutes relative to the proper and complete performance | | | |

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

| AMBR = Au | thorized Member | | |
|--------------|------------------|------------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| AMBR | Jonathan Lockart | 4809 Williams Rd | Add |
| | | Pace, FL 32571 | Remove |
| | | 4809 Williams Rd | |
| AMBR | William Lockar+ | Pace, FL 32571 | Add |
| | | | □ Remove |
| | | | |
| | | | |
| | | | Add Co |
| | | | Add |

| **** | |
|-----------|--|
| | late, if other than the date of filing: date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after |
| date this | document is filed by the Florida Department of State) |
| | |

Page 3 of 3

Filing Fee: \$25.00