

Division of Corporations

L14000105281

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000190654 3)))



H140001906543ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MINERLEY FEIN, P.A.
Account Number : I19980000064
Phone : (561) 362-6699
Fax Number : (561) 447-9884

FILED
14 AUG 13 07:11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

14 AUG 13 AM 7:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
G. PROULX BUILDING PRODUCTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

AUG 14 2014

S. YOUNG

08/13/2014 08:33

=== COVER PAGE ===

TO: _____

FROM: MINERLEY FEIN, P.A.

FAX: 5614479884

TEL: 5613626699

COMMENT:

FILED
14 AUG 13 7:11:09
SECRET/NO FORN DISSEM
FALMIST/11/2014

(((H14000190654 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

G Proulx 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 Liability Company were filed on July 1, 2014 and assigned
Florida document number L14000105281

This amendment is submitted to amend the following:

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

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)

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jocelyn Vinet

New Registered Office Address:

3275 SW 42nd Street

Enter Florida street address

Ft Lauderdale

City

Florida 33312

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 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

(((H14000190654 3)))

(((H14000190654 3)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Yves Surprenant	3275 SW 42nd St	<input checked="" type="checkbox"/> Add
		Ft Lauderdale, FL 33312	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14, AUG 3 11:09
FILED
TALLAHASSEE, FL
SECRETARY OF STATE

(((H14000190654 3)))

((H14000190654 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 11 2014


Signature of a member or authorized representative of a member

Jocelyn Vinet

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
14 AUG 13 PM 06
SECRETARY OF AID
TALLAHASSEE, FL 32304

((H14000190654 3)))