

DIVISION

Mar. 31.

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2016 10:47AM

Gary Dytrych & Ryan

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255

Phone : (561)844-3700

Fax Number : (561)844-2388

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

Email Address: MD@GDR-LAW.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHERN BUILDING PRODUCTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 31 A 9:35

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APR 01 2016

S MASON

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SOUTHERN 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 12/23/2014 and assigned
Florida document number L14000195573

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 contain 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: JOHN C. BYERS

New Registered Office Address: 2590 N. KINGS HWY

Enter Florida street address

FT. PIERCE, Florida 34951

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 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.

X 
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

[illegible]

(b) The 90th day after the record is filed.

March 23 2016

X  Signature of a member of

Signature of a member or authorized representative of a member

JOHN C. BYERS

Typed or printed name of signee

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Filing Fee: \$25.00

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