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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DBS Roofing + General Contractors LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Deborah Brito
DBS Rooly + General Contraction LLC
S519 Dynasty Dr
Boca Paran FZ 33433
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah Br to at (974) 495-3016 Name of Person at (274) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & \Bigcup Certificate of Status & \Bigcup Certificate of Status & \Bigcup Certificate Opy (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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DBS Roofing a	nd General Ca	tractors LLC
(Name of the Limited Liability Compa (A Florida L)mited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $4/28/1$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab BS Roofing La The new name must be distinguishable and contain the world Limited Liabi	<u>L</u> C	the abbreviation "E.E.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8519 Dynas Boca Pato	ty Dr L FZ 33433
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	····
	. Floric	da
	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.

If Changing Registered Agent, Signature of New Registered Agent

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