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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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2011 DEC 26 PH 2: 46
SECRETARY OF STATE
SECRETARY OF STATE

K SALY DEC 27 2017

COVER LETTER

TO:		ration Secti on of Corpo			
	H	olmberg Tru	usses, LLC		
SUBJEC	CI: _		Name of Limi	ited Liability Company	
			nendment and fee(s) are sub-	_	
			Nestor Pedraza		
				Name of Person	
			Holmberg Trusses		
				Firm/Company	
			12781 Terabella Way		
				Address	<u> </u>
			Fort Myers, FL 33912		
				City/State and Zip Code	
			pedraza.pk@gmail.com	to be used for future annual repor	t notification)
For furth	ner info	rmation cond	cerning this matter, please ca	•	(nonneanon)
Paula S	Stewart			941 661753 at ()	36
		Name of Pe	erson	Area Code D	aytime Telephone Number
Enclosed	d is a ch	neck for the 1	following amount:		
■ \$25.	.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

2017 DEC 26 PA 2: 46

SECRETARY OF STATE

Holmberg Trusses, LLC		TALLABTARY
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	TALLAHASSEE, FLORIO
The Articles of Organization for this Limited List Florida document number L17000165705	ability Company were filed on 08/03/2017	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
DOT Lumber, LLC		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
B. If amending the registered agent and/or the new registered of	or registered office address on our records, fice address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMRP = Authorized Member

ANIBR = A	Authorized Member		2017 DEC 26 DB -	
<u>Title</u>	<u>Name</u>	Address	2017 DEC 26 PR 2: 46	Type of Action
	-		SECRETARY OF STATE FALLAHASSEE. FLORIDA	
				Remove
				Change
				Remove
				Change
				Remove
				Change
				🗆 Add
				Remove
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				🗖 Add
				Remove
				Change
				Add
				Remove
				Change

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Filing Fee: \$25.00