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11/15/07--01008--013 **35.00

Effective Date



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Rose Spec	nalty Interior Finishes Inc	
DOCUMENT NUMBER: P 04 00004	16987	
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter	to the following:	
(Name of Contact	Michele Platterson)	
(Firm/ Compa	our Accounting Services Inc	
(Address)		
Santa Rosa Bch., (City/State and Z		
For further information concerning this matter, please call:		
David Rose at (Name of Contact Person)	(850) 527 3037 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status	G43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amendment Section Am Division of Corporations Div	reet Address nendment Section vision of Corporations flon Building	

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2007

MICHELE PLATT P.O. BOX 1329 SANTA ROSA BEACH, FL 32459

SUBJECT: ROSE SPECIALTY INTERIOR FINISHES, INC.

Ref. Number: P04000046987

We have received your document for ROSE SPECIALTY INTERIOR FINISHES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist

Letter Number: 107A00068251

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Articles of Amendment to Articles of Incorporation

01
Rose Specialty Interior Services, Inc
(Name of corporation as currently filed with the Florida Dept. of State)
(Document number of corporation (if known)
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
D.L. Rose Services Inc.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption:
Effective date if <u>applicable</u> :
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) David L. Rose (Typed or printed name of person signing)
tresident

FILING FEE: \$35

(Title of person signing)