103000046745

(Reque	stor's Name)
(Addres	s)
(Addres	s)
(City/St	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:

Office Use Only



500307824325

01/22/18--01017--001 **25.00



D. SCOTT

I. JAMES W. NOrmAN WANT the NAME Florida Rootpro, LLC applied to this document.

I voluntarily disolved the incorrect filing of Florida Roofro, LLC on 1-18-18.

It you have any questions I can be contacted at 407.402.6837

James W. Norman III

Jerin Clements Jui Clements Jui Clements

COVER LETTER

SUBJECT: J. Norman Rooting, 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:	
James Hornan Name of Person	
J. Horman Routing, LLC. Figur/Company	
5224 W. State Road 46 # 250	
Santord, FL 32771 City/State and Zip Code	
City/State and Zip Code Florida roof roo gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tames Norman at (407) 402-6837 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	ر ر
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, \Bigcup Certificate of Status & \Bigcup Certified Copy (additional copy is enclosed)	

Registration Section

Division of Corporations

TO:

MAILING ADDRESS:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 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

111

1 6

J. Morman Rooting, LL	-
(Name of the Limited Clarillity Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \D \rightarrow \D \r	
A. If amending name, enter the new name of the limited liab	ility company here:
Florida Roofpro LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	5224 W. State Road 46 # 250
(Principal office address MUST BE A STREET ADDRESS)	SANFORD, FL 32771
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5224 W. State Road 46 #250 Santord, FL 32771
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	22
New Registered Office Address:	して つ
	Enter Florida street address Florida Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeri N. Clements	SJJ4 W. State Road 46.	250 NAdd
		Santord, FL 32771	☐ Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove
			Change
			一 一
			Remove 2 Change
			Remove
			Change
			
			□ Remove
			□ Change

					
			_		
		·			
					
				<u>-</u>	<u> </u>
		<u> </u>			_
					•
					_ _
					_;
fective date, if oth	er than the date of	filing:	F. Catilian and an allow	(opti	ussuant to 605 020
ote: If the date inser	ted in this block does	s not meet the applicab	o date of filing or more than ole statutory filing requi	rements, this date wi	Il not be listed a
cument's effective d	late on the Departmen	nt of State's records.			
				-+ 12,01 - m or	the earlier
record specifies The 90th day aft	s a delayed effect er the record is f	live date, but not filed.	an effective time,	at 12:01 a.m. or	i the eather t
and January 1	9	2018		,	
	1 Th				2016 2016
					r
The same of the sa	Till his		and representative of a m.	יוישלווויג	
M			nzed representative of a mo	ember	2 2
ated Aniary		Tames W. N Typed or printed	_	ember	N 22 F

Page 3 of 3

Filing Fee: \$25.00