# 107000072531

| (R                      | equestor's Name)    | -           |
|-------------------------|---------------------|-------------|
| (A                      | ddress)             |             |
| (A                      | ddress)             |             |
| (C                      | ity/State/Zip/Phone | e #)        |
|                         | WAIT                | MAIL        |
| (B                      | Business Entity Nar | me)         |
| (D                      | Occument Number)    |             |
| Certified Copies        | Certificates        | s of Status |
| Special Instructions to | o Filing Officer:   |             |
|                         |                     |             |
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Office Use Only



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# **COVER LETTER**

| Division of Co             | rporations                                      |   |   |
|----------------------------|---|---|---|
| Naples Ro                  | ofing & Building LLC                            |   |   |
| ловдист. <u></u>           | Name of Lim                                     | ited Liability Company  |   |
| The enclosed Articles of   | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please return all correspo | ondence concerning this matter                  | to the following:   |   |
|                            | Jose Nunez Jr                                   |   |   |
|                            |   | Name of Person  |   |
|                            | Naples Roofing & Buildin                        | g LLC   |   |
|                            |   | Firm/Company  | <del></del>   |
|                            | 460 13th St SW                                  |   |   |
|                            | To The Color                                    | Address   |   |
|                            | Naples, FL 34117                                |   |   |
|                            |   | City/State and Zip Code   |   |
|                            | jose@nunez.biz                                  |   |   |
|                            | f:-mail address: (                              | to be used for future annual report notif                           | ication)  |
| For further information of | concerning this matter, please ca               | all:  |   |
| Jose Nunez                 |   | 239 370-9008  |   |
| Name (                     | of Person                                       | at ()<br>Area Code Daytime  | Telephone Number  |
| Enclosed is a check for t  | he following amount:                            |   |   |
| \$25.00 Filing Fee         | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

TO:

**Registration Section** 

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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2017

JOSE NUNEZ JR 460 13TH ST SW NAPLES, FL 34117

SUBJECT: NAPLES ROOFING & BUILDING, LLC

Ref. Number: L07000072531

We have received your document for NAPLES ROOFING & BUILDING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P10000032551.

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) 245-6051.

Jegna D.Harris Regulatory Specialist II

Letter Number: 717A00004471

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Naples Building & Remodeling LLC Naples Remodeling & Building & B |                  |
|--|------------------|
| The Articles of Organization for this Limited Liability Company were filed on  |                  |
| A. If amending name, enter the new name of the limited liability company here:  Naples Building & Remodeling LLC Naples Remodeling & Building LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the distinguishable and contain the words "Limited Liability Company," the distinguishable abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  |                  |
| Naples Building & Remodeling LLC Naples Remodeling & Building LL The new name must be distinguishable and contain the words "Limited Liability Company," the disignation "LLC" or the abbrevision "LLC."  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)  |                  |
| 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)  |                  |
| 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)  | $\mathcal{C}$    |
| Enter new mailing address, if applicable:  [Mailing address MAY BE A POST OFFICE BOX]  |                  |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)   |                  |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)   |                  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | 37               |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |                  |
| Mailing address MAY BE A POST OFFICE BOX)  | رر:<br>در:       |
|  | <u>े</u><br>ट्रे |
|  | _                |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the registered agent and/or the new registered office address here</u> :   | new              |
| Name of New Registered Agent:  | _                |
| New Registered Office Address:   | _                |
| Enter Florida street address   |                  |
|  |                  |
| City Zip Code  |                  |

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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>   | Type of Action                               |
|--------------|----------------|------------------|--|
| MGR          | Manuel Cabrera | 1141 25TH ST SW  | <b>_</b>                                     |
|              |                | Naples, FL 34117 | □ Remove                                     |
|              |                |                  | Change                                       |
|              |                |                  |  |
|              |                |                  | □ Remove                                     |
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Filing Fee: \$25.00