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SECRETARY OF STATE

J. SAULSBERRY EXAMINER AUG 15 2011

COVER LETTER

Division of Corporations			
SUBJECT: Kenneth Russ	Tell Roof Centracting imited Liability Company		
Name of Li	imited Liability Company		
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
	Suymis Saco Name of Person		
Kenn	rem Russell Roof Cont.		
16541	SW 27 St Address		
temest	ead FL. 3303) City/State and Zip Code Imis @ Notnail. um	2011 AUG SECRETA	T
E-mail address For further information concerning this matter, please	•	SSE I	T
Olymis Name of Person	at (30f) 796. 1803 Area Code & Daytime Telephone Number	2 AM 10: 56 2Y OF STATE SEE, FLORIDA	i i
Enclosed is a check for the following amount:			
\$30.00 Filing Fee Certificate of Status	(additional copy is enclosed) Certified C	of Status &	
MAILING ADDRESS:	STREET/COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action MGRM Kenneth Russell

MGRM Morta Escalona Remove Add [☐ Remove ☐ Add Remove ∏Add Remove \bigcap Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Es Calone Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00