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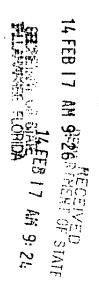
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COVER LETTER

10.	Division of Corp					
SURJE	CT:	Name of Lim	ited Liability Company			
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspon	dence concerning this matter	to the following:			
		Kyle	Per Malshi Name of Person			
		Perdon	Construction L	LC	14 FEB	
		4262 Heat	er word Or.			1 11.0
		Tallaha		9	14 FEB 17 NM 9: 26	,
		Ky Dev 05 (a) Email address: (i	City/State and Zip Code YCL 0 0 . COw to be used for future annual report	notification)	35	
For furt	her information cor	ncerning this matter, please ca	all;			
14	yle Revenue) ·		385-9348 vime Telephone Number		
	Name of t	Cison	Alea Code Day	une relephone Number		
Enclose	d is a check for the	following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting is Certificate of S Certified Copy (additional copy is	Status &	
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations .6327 see, FL 32314	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g : Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Perden Construc	tion LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company version of Company versio	were filed on $\frac{O1/20/3011}{}$	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile	ity company here:		
Perden Roofing LLC			
The new name must be distinguishable and end with the words "Limited Liabili	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:	4262 Heatherwood	\mathfrak{d} c.	
(Principal office address MUST BE A STREET ADDRESS)	Tallangssee FL 32309		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14 FEB	ニナエ
B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>enter th</u>	AN COMPANY OF THE PARK 26	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida		
		Zin Coda	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Jessia L Denny	4262 Heatherwood Dr. Tallahasse FL 32309	Add
	J	Tallahasse FL 32309	Remove
MGR	Justin J Denny	2325 West Pensacola St.	Apt 132 Add
	J	2325 West Pensacola St. Tallahassee FL 32305	_
			TO Add EB
			Removed 9: 26
			□ Add
			☐ Remove
	<u> </u>		
			□ Remove
			Add
			Remove

Di il amenong any vener mormanon, enter e	nange(s) nere. (Anach adamonal sheets, if hecessary.)
_WEKW	(address change)
Kyle Perchalski	
4262 Heatherwood	d Dr.
Tallahasse FL 32309)
E. Effective date. if other than the date of run (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	ate of receipt or filed date and cannot be more than 90 days after
Dated 12th of February	, <u>2014</u> .
75	12. ·
Signature of a	member or authorized representative of a member
, l	cyle Perchalski
**************************************	Typed or printed name of signee

14 FEB 17 MM 9: 26

Page 3 of 3

Filing Fee: \$25.00