

LIS

000057294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

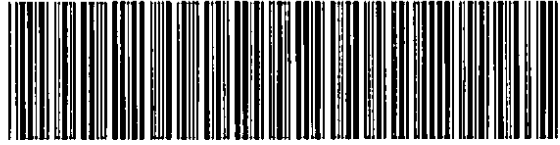
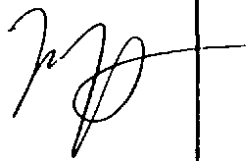
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09/09/22--01005--001 **25.00

22 SEP -9 PM 1:24
DIVISION OF CORPORATIONS
STATE OF CALIFORNIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crown Roofing & Waterproofing 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:

Richard Ely
Name of Person

Crown Roofing & Waterproofing LLC
Firm/Company

240 Field End Street
Address

Sarasota FL, 34240
City/State and Zip Code

AR@CrownRoofing.com
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Jacob Kalegridis at (239) 986-1753
Name of Person Area Code Daytime Telephone Number

Enclosed 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Crown Roofing & Waterproofing, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/01/2015 and assigned Florida document number L15000057294.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip Code

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

22 SEP -9 PM 1:24
DIVISION OF CORPORATE & FINANCIAL SERVICES

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>	<u>Type of Action</u>
MGR	Jennifer L. Maple	319 Snapdragon Loop	<input type="checkbox"/> Add
		Bradenton FL 34212	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
FO	Richard V. Ely III	25853 Pebblecreek Dr.	<input checked="" type="checkbox"/> Add
		Bonita Springs FL,	<input type="checkbox"/> Remove
		34145	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 SEP 13 PM 11:25
OFFICE OF THE
CLERK OF THE
SOUTH DUNEDIN
COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

22 SEP - 8 PM 1:25
DEPARTMENT OF STATE

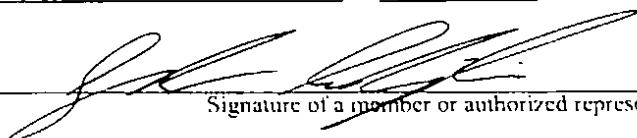
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9 / 02 . 2022



Signature of a member or authorized representative of a member

Jacob Kalogridis

Typed or printed name of signee