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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Royal	Rooting LLC	·
	Name of Lim	ited Liability Company	
·		,	,
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Colt	Name of Person	
	Royal	Roofing UC Firm/Company	
	1934	Coloria Dr. Address	
•	Tallahassee	FL 32303 City/State and Zip Code	
	E-mail address: (Toyal roofing I	Ic@yahoo.com
For further information c	oncerning this matter, please ca	•	·
Colby V	fisher	at (850) 459 - Area Code Daytime	8378
Name o	r erson	Area Code Daytime	: Telephone Number
Enclosed is a check for t	ne 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Royal	Roofing LLC	
(Name of the Limited 1 (A I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document numberL\700003148	ility Company were filed on02/08/2017 86	and assigned
This amendment is submitted to amend the following	ing:	·
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	_
	<u></u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ent e address here:	er the name of the new
		7
Name of New Registered Agent:		
New Registered Office Address:		CO TO BOOK AND ADDRESS OF THE PARTY OF THE P
•	Enter Florida street address	
	, Florida	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

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 Type of Action Address Name <u>Title</u> MGF Colby V Fisher Gloria Dr. 32303 Tallahassee, FL □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change 🗆 Add 🖯 ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ctive date, if other than the	date of filing:		8/2017		tional)		
effective date is listed, the date must e: If the date inserted in this blo	ock does not meet t	he applicable st	of ning or more stutory filing re	tnan 90 days ar equirements, t	his date wi	ll not be li	sted a
ument's effective date on the De	partment of State	s records.					
ecord specifies a delayed	effective date	. but not an (ffective tim	e. at 12:01	a.m. or	ı the ear	lier o
ne 90th day after the reco	ord is filed.	, , , , , , , , , , , , , , , , , , , ,		,			
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ed April 28th		<u>.017</u> .					
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