

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

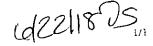
Email	Address:		_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROOK SHARK LLC

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Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rook Shark LLC		* *
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000141618		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Roof Shark LLC		P 73
Roof Shark LLC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	eviation "L.L.C.";
Enter new principal offices address, if applicable:	185 Waukewan Street, Unit 2	
(Principal office address MUST BE A STREET ADDRESS)	Meredith, NH 03253	
Enter new mailing address, if applicable:	PO Box 634	
(Muiling address MAY BE A POST OFFICE BOX)	Meredith NH 03253	
New Registered Office Address:	Enier Florida street address	
	City 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 Title Name □ Add _____ Change Ubb □ □ Add ☐ Remove ☐ Change .dd □ ☐ Remove ____ Remove ☐ Change ____ □ Add ☐ Change _____ Add

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ffective date, if other than the date an effective date is listed, the date must be some. If the date inserted in this block document's effective date on the Department.	e specific and cannot be prio codoes not meet the appli	r to date of filing or cable statutory fili	more than 90 days aft	er filing ) Pursuant to 605.020
e record specifies a delayed e The 90th day after the recor	effective date, but n d is filed.	ot an effective	time, at 12:01	a.m. on the earlier
June 18	2018	<u>'</u>		
More	gnature of a member or aut			

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Filing Fee: \$25.00