

h22000178087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

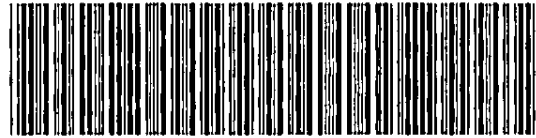
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200399112662

FILED  
2022 DEC 27 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOLCIUM ROOFING 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:

MICHELLE SOLANO  
Name of Person  
SOLCIUM ROOFING LLC  
Firm/Company  
312 W. 1st STREET, SUITE 505  
Address  
SANFORD, FL 32711  
City/State and Zip Code  
ACCOUNTING@SOLCIUM.COM  
E-mail address: (to be used for future annual report notification)

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2022 DEC 27 AM 10:05

For further information concerning this matter, please call:

MICHELLE SOLANO at ( 561 ) 222-8141  
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**

SACIUM ROOFING 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 4/13/2022 and assigned Florida document number L22000178087.

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)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2022 DEC 27 AM 10:05

**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:

312 W. 1<sup>st</sup> STREET, SUITE 505

Enter Florida street address

SANFORD

City

Florida

32711

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EMMETT BROWNING	156 BRADWICK CIRCLE	<input checked="" type="checkbox"/> Add
		DEBARY, FL 32713	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

GEORGE WINTY OF STAIR  
 FALL ANNUAL STATE (LORION)  
 2022 DEC 27 AM 10:09

