L0300005/809

| (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:

A. LUNT

SEP 12: 2011

EXAMINER

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09/09/11--01007--012 **25.00

2011 SEP -9 PM & SE

COVER LETTER

| TO: | Registration S Division of Co | | | | |
|--|----------------------------------|--|--|-------------------------|---------------------|
| SUBJE | CT· | L03 | 3000051809 | | |
| SUBJE | CI | | nited Liability Company | | |
| The enc | losed Articles of | f Amendment and fee(s) are su | ubmitted for filing. | | |
| Please r | eturn all corresp | ondence concerning this matte | er to the following: | | |
| Jeanne M Gazlay Name of Person | | | | | - |
| | | | Name of Ferson | | |
| A Plus Roof & Gutters LLC | | | | .C | _ |
| Firm/Company | | | | | 7 2 |
| 1418 Impatiens CT | | | | | ZOII SEP |
| Address | | | | | |
| | | | Trinity FL 34655 | | 33.58 7.44 6- |
| | | | | | |
| | | jea E-mail address: | nne.gazlay@gmail.cor (to be used for future annual repo | nort notification) | P. FLORIDA |
| For furtl | ner information | concerning this matter, please | call: | | |
| | | nne M Gazlay | at (_813) | 857-1354 | |
| | Name | of Person | Area Code & | Daytime Telephone Numbo | er |
| Enclose | d is a check for t | he following amount: | | | |
| \$25.0 | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is en | closed) Certifie | ate of Status & |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | | Registration | Corporations | | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A P | us Roofing | & Gutters LL | C | | | |
|---|---|--|------------------------|-------------|----------|--------------|
| (<u>Name of the Limited</u> (A | <u>Liability Compa</u> Florida Limited | ny as it now appea Liability Company) | rs on our record | <u>s.</u>) | | |
| The Articles of Organization for this Limited Li | were filed on | 03 and assigned | | | | |
| Florida document numberL03000051 | | | | | | |
| This amendment is submitted to amend the follo | wing: | | | | | |
| A. If amending name, enter the new name of | the limited liab | oility company her | <u>re</u> : | | | |
| The new name must be distinguishable and end wit "L.L.C." | n the words "Lim | ited Liability Compa | any," the designat | tion "LLC | or the | abbreviation |
| Enter new principal offices address, if applica | ıble: | 1418 Impatie | ns CT | FA | 2911 | |
| (Principal office address MUST BE A STREET ADDRESS) | | Trinity FL 34655 | | | SE | T |
| | | | | 多数 | <u> </u> | |
| Enter new mailing address, if applicable: | 1418 Impatiens CT | | | PH | m C | |
| (Mailing address MAY BE A POST OFFICE) | Trinity FL 34655 | | | 4 | | |
| | | <u> </u> | | | · | |
| B. If amending the registered agent and/o registered agent and/or the new registered off | | | our records, <u>er</u> | iter the | name | of the new |
| Name of New Registered Agent: | <u> </u> | | | · | | |
| New Registered Office Address: | 1418 Impatiens CT | | | | | |
| | | Enter Florida street address | | | | |
| | | Trinity , Fig. | | | 34655 | |
| | City | | | Zip Cod | e | |

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

| MGR = Ma MGRM = 1 | anager Managing Member | | |
|----------------------|---------------------------------------|--|---------------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add ☐ Remove |
| | | | |
| | | | — — — — — — — — — — — — — — — — — — — |
| | | | Add |
| | | | Remove |
| | | | Add Remove |
| | | | |
| | | | Remove P |
| | | | |
| D. If amen | ding any other information, | enter change(s) here: (Attach additional sheet | |
| _ | | | |
| _ | | | |
| _ | | | |
| Dated | September 7 | | |
| | Jeanne Gr | day | |
| | Signature | e of a nember or authorized representative of a mer Jeanne M Gazlay | moer |
| | · · · · · · · · · · · · · · · · · · · | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00