## L12000156048

| (Req                      | uestor's Name)   | · · · · · · · · · · · · · · · · · · · |
|---------------------------|------------------|---------------------------------------|
| (Add                      | ress)            |                                       |
| (Add                      | ress)            |                                       |
| (City,                    | /State/Zip/Phone | e #)                                  |
| PICK-UP                   | ☐ WAIT           | MAIL MAIL                             |
| (Bus                      | iness Entity Nar | me)                                   |
| (Doc                      | cument Number)   |                                       |
| Certified Copies          | Certificates     | s of Status                           |
| Special Instructions to F | filing Officer:  | ,                                     |
|                           |                  |                                       |
|                           |                  |                                       |
|                           |                  |                                       |

. Office Use Only



500243423675

01/16/13--01017--003 \*\*25.00

7013 JAN 16 PM 1: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 1 7 2013 J. BRYAN

## · COVER LETTER

| Division of Corporations  |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: All Weather Roofing Tallahassee  |  |  |  |  |
| Name of Limited Liability Company   |  |  |  |  |
|   |  |  |  |  |
| Dear Sir or Madam:  |  |  |  |  |
| The enclosed Articles of Correction and fee(s) are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |
| Muse Moerts  Name of Person  All Weather Roofing Tallahassee TANISTER AND AND AND OF STATE OF THE SECRETARY  Firm/Company   |  |  |  |  |
| Address  Tallahus See FL 32312  City/State and Zip Code   |  |  |  |  |
| Chase more 15 90 Gmail. Con E-mail address: (to be used for future annual report notification)  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| Name of Person at (850) 545-1905  Area Code & Daytime Telephone Number  |  |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |
| \$25 Filing Fee \$\to\$ S30 Filing Fee \$\times\$ Certificate of Status Certified Copy Certified Copy   |  |  |  |  |
| CR2E062 (08/05)   |  |  |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| All Weathe   | r Roofing Tallahas  | see LLC                              |
|--|---|--------------------------------------|
| (Name of the Limited (A  | Liability Company as it now appears of Florida Limited Liability Company) | on our records.)                     |
| The Articles of Organization for this Limited Lia Florida document number 11200015       |   | 0//3/20/2 and assigned               |
| Florida document number  | <u>// / / / / / / / / / / / / / / / / / /</u>                             |                                      |
| This amendment is submitted to amend the follo   | wing:   |                                      |
| A. If amending name, enter the new name of   | the limited liability company here:                                       |                                      |
|  |   | ASS                                  |
| The new name must be distinguishable and end with "L.L.C."                               | h the words "Limited Liability Company                                    |                                      |
| Enter new principal offices address, if applica  | able:   | SS O                                 |
| (Principal office address MUST BE A STREE  | T ADDRESS)  | The R                                |
|  |   | 5                                    |
| Enter new mailing address, if applicable:  |   |                                      |
| (Mailing address MAY BE A POST OFFICE I  | <u> </u>  |                                      |
|  |   |                                      |
| B. If amending the registered agent and/or registered agent and/or the new registered of |   | r records, enter the name of the new |
| Name of New Registered Agent:  | <u></u>   |                                      |
| New Registered Office Address:   |   | ry · 1 · · · · · · · · · · · · · · · |
|  | Enter   | r 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> Address **Type of Action** 5910 Love Ridge Dr V Add Mitchell Morris MGRM 2520 of LLC Remove Remove Remove Remove

| If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                 |
|-------|---|
|       |   |
|       |   |
|       | 1   |
| ed    | 1-14 , 2013.<br>Mul hus   |
|       | Signature of a member or authorized representative of a member  Chase Morels  Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 JAN 16 PM 1: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA