## L03000032115

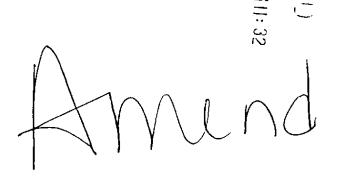
()	Requestor's Name)			
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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations						
	Trelawny Enterprises ELC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Joan Wilson					
		Name of Person				
	Glades Roofing LLC					
		Firm/Company				
	9339 Via Classico West					
		Address				
	Wellington, FL 33411					
	_	City/State and Zip Code				
	joan.wilson92@yahoo.com					
	E-mail address: (	to be used for future annual report not	ification)			
For further information	concerning this matter, please c	all:				
Carl Wilson		954 593-5917 at ( )				
Name of Person		Area Code Daytin	ne 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 Addre Registration		<u>Street Address:</u> Registration Se				
Division of Corporations		Division of Cor				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 1 2415 N. Monro	rallahassee be Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trelawny Enterprises LLC		
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited L	iability Company were filed on	08/26/2003 and assigned
lorida document numberL0300003211	5	
his amendment is submitted to amend the following	lowing:	
If amending name, enter the new name of	of the limited liability company l	<u>nere</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREI	ET ADDRESS)	1001
		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		 ယ
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addresses</li> </ol>	•	records, enter the name of the new register
Name of New Registered Agent:	Joan Wilson	
New Registered Office Address:	9339 Via Classico West	
to regimered vinge radicas.	Enter Fl	orida street address
	Wellington	Florida <sup>3341</sup>
	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 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.

In Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Dudley A Brown		□Add
		13166 S.W. 21 STREETMIRAMAR, FL 33027	■Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
,	•		□Remove
			□ Change
			🗆 Add
		□Remove	
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated June 3rd COUSAN Signature of a member or authorized representative of a member Carl Wilson Typed or printed name of signee

Filing Fee: \$25.00