

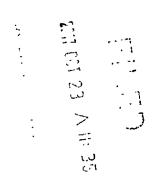
(Req	uestor's Name)	
- (Add	ress)	
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(City,	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJ.	CNR Roofir	ng, LLC				
SOBO.	EC1.	Name of Lim	nited Liability Company	-		
		Amendment and fee(s) are sub	-			
		Charles Grimes				1
			Name of Person	_		
		CNR Roofing, LLC				
			Firm/Company	_		
9533 Watershed Dr N						
			Address	_		
		Jacksonville, FL 32220				
		Grimesroofing75@gmail.co	City/State and Zip Code	_		
			(to be used for future annual report notification)		73 73	}
For fu	rther information co	oncerning this matter, please c	all:	•	,	1
Charle	es Grimes		904 591-5746 at ()		·~)	
	Name of	Person	Area Code Daytime Telephone Numb	per ·	- > :: :::	*
Enclos	sed is a check for th	e following amount:			· · · · ·	
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fe cate of Si ed Copy nal copy is	tatus &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNR Roofing, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)	-
The Articles of Organization for this Limited Liabil Florida document number L04000001328	ity Company were filed on 01/07/2004	and assigned
This amendment is submitted to amend the following	ng:	
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 a	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	···-
D. If amonding the registered agent and/on a	registered office address on our records, enter	the name of the
egistered agent and/or the new registered office	· · · · · · · · · · · · · · · · · · ·	: -4
		. 2
Name of New Registered Agent:		
New Registered Office Address:		==
	Enter Florida street address	
_	, Florida	<u> </u>
	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.

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>	Address	Type of Action
AMBR	Charles Crutchfield	4208 Windergate Drive	Add
		Jacksonville, FL 32257	☐ Remove
			Add
			□ Remove
			□ Add
			□ Remove
			☐ Change
 			Add
			! □ Remove
			Change
			Add
			LD Remove
			Change
	<u> </u>		
			☐ Remove
			□ Change

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fective date, if other than the d in effective date is listed, the date must b	ate of filing:	1. 550	(optional)	;
on effective date is listed, the date must be be. If the date inserted in this bloc	e specific and cannot be prior k does not meet the applic	able statutory filing re	quirements, this date wi	ill not be listed
cument's effective date on the Dep				٠,
				. (.
record specifies a delayed e		t an effective time	e, at 12:01 a.m. or	the éarlier,
The 90th day after the recor	d is filed.			
	2215			6 <u>-</u>
oted October 19		·		
Charles	S			
Vh.	-/hm	5		
_ Courtes				
S	gnature of a member or author	orized representative of a	member	

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Filing Fee: \$25.00