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COVER LETTER

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anninom	CNR ROOF	FING, LLC				
SUBJECT	:	Name of Limited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		Charles Grimes				
		CNR ROOFING, LLC	Name of Person			
		9533 WATERSHED DR N	Firm/Company			
		JACKSONVILLE, FL 322	Address 220			
		Grimesroofing75@gmail.co				
		E-mail address: (to be used for future annual report notif	īcation)		
For further	information co	oncerning this matter, please co	all:			
Charles Gr	imes		904 591-5746 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e 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/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 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 01/07/2004 and assigned 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) 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: Enter Florida street address

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>	Type of Action
AMBR	LAVERNE RASHAUDE FUTCH	7071 103RD ST #422 JACKSONVILLE, FL 32210	7.11
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Tective date, if other than the an effective date is fisted, the date muote: If the date inserted in this blocument's effective date on the D	ock does not meet the applicabl	(optional date of filing or more than 90 days after e statutory filing requirements, this	onal) filing.) Pursuant to 605.020's date will not be listed as
e record specifies a delayed The 90th day after the rec		in effective time, at 12:01 a	a.m. on the earlier o
December 7	2018		
<i>P1 3</i>	<u></u>		
Charles	from	ed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00