40400005226

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MAY 0 7 2019 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp			J
(1818) B17.		ofing & Painting, LLC		
SUBJE	CT;	Name of Limi	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter t	to the following:	
		Carol Pasquarosa		
			Name of Person	
		CJP ConsultingFL, LLC		
Firm/Company			Firm/Company	
		1104 Waterway Drive		
			Address	
		Sebastian, FL 32976		
		850roof@gmail.com	City/State and Zip Code	<u></u>
		E-mail address: (t	o be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	dl:	
Carol P	asquarosa		954 391-1214 at ()	
	Name of	Person		Telephone Number
Enclose	d 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa		
(A Florida Cimited I	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on 1/20/2004	and assigned
Florida document number L0400005226		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
FL Roofing and Contracting, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation J.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)		<u> </u>
B. If amending the registered agent and/or registered of		ords, enter the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
Name of New Registered Agent:		
	Enter Florida street ac	ldress
Name of New Registered Agent:		ldress
Name of New Registered Agent:		, Florida

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
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

If amending any other informa	tion, enter change	r(s) here: (Atta	ch additional she	ets, if necessary.)	
•					
					
		<u> </u>			
		.			
					
		-			
		<u></u>			
Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	st be specific and canno lock does not meet th	he applicable sta	f filing or more than tutory filing requir	(optional) 90 days after filing.) Pur ements, this date will	suant to 605.0207 (not be listed as t
he record specifies a delaye The 90th day after the rec	d effective date, ord is filed.	but not an e	ffective time, a	t 12:01 a.m. on	the earlier of
Dated April 19	20	19			
Janes	A Mese.	a D			
	Signature of a member	er or authorized re	presentative of a mer	nber	
John H. Wescott		d or printed name			

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Filing Fee: \$25.00