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	(Business Entity Name)	
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Certified Copies	_ Certificates of Statu	s
Special Instructions to	Filing Officer:	
	J. HOR	RNE
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COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: Eby Roofing + F	CAMINS, LLC ited Liability Company		
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Peter	Eby Name of Person		
	Firm/Company		
1329 Roos	Sevelt Dr.		
St Augusi	City/State and Zip Code		
(1111000)	to be used for future annual report notification)		
For further information concerning this matter, please c	•		
Peter Eby Name of Person	at (904) 484-6680 Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
US25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Induttional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy Indutional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2023 A 2023 A COFFERENCE L FORMACE L FORMACE

the Roofing	C.) A Rability Company	MINS L	ears on our records.)	
The Articles of Organization for this Limited Liabi	ility Company		1 1	cd
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liabi	lity company l	here:	
The new name must be distinguishable and contain the word	ls "Limited Liabili	ity Company," the	e designation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>IX)</u>			
B. If amending the registered agent and/or registered affice address i	istered office a nere:	ddress on our	records, <u>enter the name of the new ro</u>	gistered
Name of New Registered Agent:	n/a_			
New Registered Office Address:	•			
		Enter F	lorida street address	
			, Florida	
New Registered Agent's Signature, if changing Reg	deterned Agants	City	Zip Code	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	igent and agre and complete red agent as p pistered office	performance o provided for in	of my duties, and I am familiar with a n Chapter 605, F.S. Or, if this docume	nd

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>	Name	Address	Type of Action
AMBR	Howard C. Kennerly	JR.LLC 165 Supreme G.	DAdd
	·	JR,UC 165 Supreme G. St. Augustine,FL	□Remove
			DChange
			UAdd
			🗆 Remove
			🗆 Change
			L'Add
			□Remove
			□Change
			LI Add
			©Remove
			□Change
			UAdd
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Effecti	ve date, if other than the date of filing:
f an effi <u>Note:</u>	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recond d is fil	d 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 ed
Dated _.	August 2 . 2023
	\mathcal{P}
	Signature of a member or puthor and representative of a member

Filing Fee: \$25.00