LOS000059422

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
(Orthodox21ph Hone #)				
PICK-UP	☐ WAIT	MAIL		
<u> </u>	_	_		
(Bı	isiness Entity Nar	ne)		
		·		
(Document Number)				
		•		
Certified Copies	Certificates of Status			
<u> </u>				
Special Instructions to	Filing Officer:			
	•			

Office Use Only



100105097341

07/09/07--01022--003 **25.00

O7 JUL -9 PM 2: 20 SECRETARY OF STATE

COVER LETTER

Division of Corporations				
SUBJECT: Summerlins' Metal Roofing Products, LLC				
(Name of Limited Liability Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
– – –				
Lisa F. Summerlin (Name of Person)				
Summerlins' Metal Roofing Products, LLC (Firm/Company)				
E17 Arnico Long				
517 Arnies Lane (Address)				
Hott El 22564				
Holt, FL, 32564 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Lisa Summerlin at 850 537-8520				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ Certificate of Status \$\ Certified Copy \$\ (additional copy is enclosed)\$	&			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301-				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

07 JUL -9 PM 2: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Summerlins' Metal Roofing Products, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on document number L05000059422	7-30-2006	and assigned			
SECOND:	This amendment is submitted to amend the					
	Amend Article IV to read as follow	s				
	MGRM: Summerlin, Lisa, F.					
	4583 Joseph Cook Rd					
	Holt, FL 32564					
Dated 27	June , <u>2007</u>	•	71			
	Lisa Summar Signature of a member or a	authorized representative of a me	mber			
	Lisa Summerlin					
	Typed or printed name of signee					

Filing Fee: \$25.00