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COVER LETTER

	Registration So Division of Co			
SUBJEC	WW.	Roofing & Construction LLC		
SUBJEC		Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Matthew Austin		
			Name of Person	
		Bold City Roofing & Cons	struction LLC	
			Firm/Company	
		7359 Rocky Ln		
			Address	
		Macclenny FL 32063		
			City/State and Zip Code	
		austin_0084@yahoo.com		
E 6 4			to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please c	all:	
Matthew	Austin		904 303-0738 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5.0	0 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 Addres		Street Address:	
	Registration S Division of C		Registration Se Division of Cor	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

Bold City Rooting + Construction 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 02/15/2006 and assigned
lorida document number L06000016447
his amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
MGA Construction LLC
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
inter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
s. If amending the registered agent and/or registered office address on our records, enter the name of the new registere gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zin 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 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	Ellis Gundrum	1359 Rocky LW Marchenny FL 3206	□Add
		Macclenny FL 3206	3 Remove
			Change
			□Add
			□Remove
			Change
			□Add
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			□ Change

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