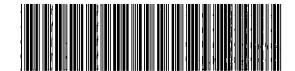
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SECRETARY OF STATE
DIVISION OF CORPORATION

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JULDA 2011

EXAMINEE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Roach Construction LCC. 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:
MARK J. PESTANA Name of Person Roach Construction LC Firm/Company
3148 10 +H AVE NO. Address
ST-PETERS SUrg, F1. 337/3 City/State and Zip Code DRYWO MAN DAOL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK PESTAWA at (727) 443 9-0741 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{\$\sum{\$\text{\$\text{S}}}\$} \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Roach	Construc	tion, LLC
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appeanited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Com- Florida document number <u>LOGOOO35010</u>	npany were filed on <u>0</u>	4/04/2006 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on o	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter Florida street address
		, Florida
	City	Zip 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgrm officer	Mark J. Pestana	3148 10th av. n. St. Petersburg Fl. 33713	Add ☐ Remove
			Add Remove
			Add Remove
	·		Add Remove
•			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	:
			SECRETARY OF IVENITY OF CORPORT O
Dated	6/27/11 ,		OF STATE OR STATE OR STATE OR STATE OR STATE
	Signature of a n	Wayne Roach Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00