

L0600005M426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

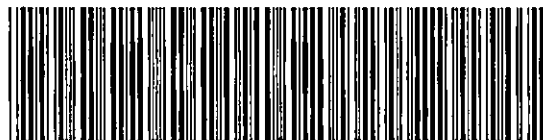
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/23/17--01011--011 ++35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUL 21 AM 11:23

M. MILLIGAN
JUL 28 2017

Florida Department of State

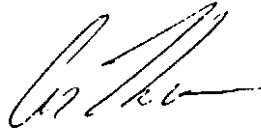
P.O. Box 6327

Tallahassee FL 32314

RE: L06000057426 – Name change Refund & Letter# 517A00013040

To Whom It May Concern:

We submitted a payment to change the name of our company, we sent in \$35 and check was chased. We were notified payment was only \$25. Kindly refund the \$10 difference at your convenience.

A handwritten signature in black ink, appearing to read 'Greg Kiffer', with a stylized flourish at the end.

Greg Kiffer



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2017

GREGORY KIFFER
NATURAL ROOFING SOLUTIONS, LLC
3611 LEOTA DR.
APOPKA, FL 32703

SUBJECT: NATURAL ROOFING SOLUTIONS, LLC
Ref. Number: L06000057426

We have received your document for NATURAL ROOFING SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 517A00013040

RECEIVED
2017 JUL 21 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Natural Roofing Solutions, 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:

Gregory J. Kiffer
Name of Person

Natural Roofing Solutions, LLC
Firm/Company

3611 Leota Dr.
Address

Apopka FL 32703
City/State and Zip Code

naturalroofingsolutions@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Kiffer at (407) 733-9232
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OK already
mailed &
Cashied

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Natural Roofing Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
DIVISION OF CORPORATION
17 JUL 21 AM 11:23

The Articles of Organization for this Limited Liability Company were filed on June 4, 2006 and assigned
Florida document number L06000057426

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Stoneward Company USA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

n/a

New Registered Office Address:

n/a

Enter 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 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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

h/a

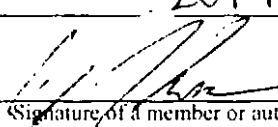
E. Effective date, if other than the date of filing: ASAP (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 19 2017


(Signature of a member or authorized representative of a member)

Gregory J. Krffler
(Typed or printed name of signer)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUL 21 AM 11:23