

	equestor's Name)	
(Re	questor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	→ #)
PICK-UP	WAIT	MAIL
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(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
CGK	
SUBJECT: Contracting	hl C
(Name of Limited	l Liability Company)
•	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
· · · · · · · · · · · · · · · · · · ·	union to the removing.
Tosoph Colles	
Name of Person)	
Empire Roofins System	S
Empire Roofing System (Firm/Company)	
:	•
1200 Old Okeechabee	Rd
(Address)	
, ,	
Wast Palm Boach, FL 3	334o \
(City/State and Zip Code)	·
•	
For forther information concerning this matter who	oco cell.
For further information concerning this matter, plea	ase can.
To be Olline	054 0575
	954) 529-9075
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

COK Contracting

FIRST:	The Articles of Organization were filed on 80106 and assigned document number 60000075909.		
SECOND:	This amendment is submitted to amend the following:		
	Ploase, change our now address to		
	1200 OK OKERCHOBER Rd		
	Wast Palm Boach, FL 33401		
•			
	our old address is!		
	825 Egrat Cir #409 E	SEL SEL	
	Dolmy Boach, Pl 33444	13.00 BE	Grant .
	SSEE	20 20	-
	ار س	A STATE	
	R C C C C C C C C C C C C C C C C C C C	: 43 84;	
Dated	12 15, 2006		
	Signature of a member or authorized representative of a member	Service	
	Toseph Cildos Typed or printed name of signee		
	Typed or printed name of signee		

Filing Fee: \$25.00