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B. BOSTICK

JAN 17 2013

EXAMINER

# **COVER LETTER** - - -

TO: Registration Se Division of Cor		•		·		
SUBJECT: SCA		truetion, LLC ed Liability Company		·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
·	Ryan Hann	Name of Person				
		Firm/Company				
	210 CONNECTION	Address				
	Lake Helen	FL 32744 City/State and Zip Code				
	Thhannah & ho	annahdeyebpment:Con	<u> </u>	TAL	<del>-</del> သ	
For further information c	oncerning this matter, please ca			LAHA	JAN 16	
Apan Hanna	h	at (386) 852 - 1114		285 14.15 14	2	
Name o	f Person	Area Code & Daytime Te	lephone Number	FLORID	PH 12: 38	
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C (additional	of Status Copy		d)

### 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

Scab Tight Construction	N. LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears o liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company	were filed on	127 lob and assigned
Florida document number LOGOCO95176.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AMERICAN Roofers, LLC The new name must be distinguishable and end with the words "Limi		
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company,	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	Dur -
(Principal office address MUST BE A STREET ADDRESS)	<del>-, , ,,, ,, , , , , , , , , , , , , , ,</del>	
	<u></u>	HASSS 6
	A14	tita
Enter new mailing address, if applicable:	NA NA	PHIZ:
(Mailing address MAY BE A POST OFFICE BOX)		0.7 3 8 0.7 1 E
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, enter the name of the new
·		
Name of New Registered Agent:	AA	
New Registered Office Address:		
	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 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 = Managing Member <u>Title</u> **Type of Action** <u>Name</u> **Address** Remove Remove Remove

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
ted_	January 10, 2013.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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