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SECRETARY OF STATE
TALLAHASSEE, FINALE

D. BRUCE

JAN 27 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ACTION ROOFING L.L.C. (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:	
JOSE D AVALA (Name of Person)	
ACTION ROOFING LLC.	
572 SW 6th Street APt. 1	:-1
MIAM, FLORIDA, 33130 (City/State and Zip Code)	09 JAN 26 SECRETARY ALLAHASSE
For further information concerning this matter, please call:	Z6 PH 2
TOSE D AVALA at 786 564-8287 S (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	•
□ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	•
	•

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

iability Company as it now appears on our records.) Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10 Florida document number 1060000 9894 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Enter Florida street address) (City)

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 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> Name **Address** Type of Action _ Add Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) WANT TO CHANGE MY POSHION FROM Dated_ a member or authorized representative of a member yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00