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(Re	equestor's Name)	
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12 MAY - 1 PM 12: 03

SECRETARY OF STATE VISION OF CORPORATIONS

MAY - 2 2012 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ACHON ROOFING 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:
JOS€ D AYALA Name of Person
ACTION ROOFING LLC. Firm/Company
922 SW 3rd STREET #4
MIAMI FI 33130 City/State and Zip Code
ACTION ROOFING @ LIVE COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (766) 269 37 63 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Flow Solution Fee Solution Flow Solution Fee Solution Flow Solution Fee Fee Solution Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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

12 MAY - 1 PM 12: 04

	LOOFING LL lability Company as it now app lorida Limited Liability Compan	pears on our records.)	
(AT	lorida Limited Liability Compan	y)	
The Articles of Organization for this Limited Lia		10/10/2006 and assigned	
Florida document number 106000	<u> 1989</u> 60		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of (he limited liability company	here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:		· .	
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, enter the name of the new	
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Citv	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOSE D AYALA	922 SW 3rd Street #1	Add Remove
<u> 16RM</u>	ROSARIO L AYALA	922 SW 314 Street #4	Add Remove
			Add . Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If amer 	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRET DIVISION 12 MAY
			-1 PHIZ: 03
Dated		012.	
	Signature of a member	er of authorized representative of a member DAVALA d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00