

L06000103914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

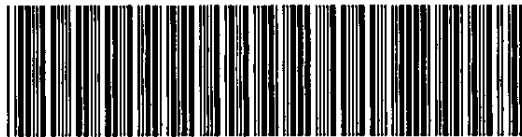
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



600283921366

04/01/16--01014--003 **25.00

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2016 APR 01 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
APR 29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2016

CAROL WILLIAMS
3580 NW 37TH AVE
LAUDERDALE LAKES, FL 33309

SUBJECT: D.C. ROOFING, LLC
Ref. Number: L06000103914

We have received your document for D.C. ROOFING, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 616A00005468



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 APR 26 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 5, 2016

CAROL WILLIAMS
3580 NW 37TH AVE.
LAUDERDALE LAKES, FL 33309

SUBJECT: D.C. ROOFING, LLC
Ref. Number: L06000103914

We have received your document for D.C. ROOFING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 516A00006888

~~Cheque # 360.00~~

Cheq # 360

Carol Williams

Date 3/10/16

Florida Dept. of State, Division of Corporations

Dear Sir/Madam,

I hereby release the
Name - Jack Tito Red Top LLC L1600029165
and I have no intention of re-instating
so therefore I'm releasing the name
to the Amendment of DC Red Top LLC
L160002914.

Thanks in Advance
Carol Williams.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

DC 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:

Carl Williams
Name of Person

DC Roofing LLC
Firm/Company

3580 NW 37th Ave
Address

Kendall Lakes FL 33189
City/State and Zip Code

Wendy.barn@12@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carl Williams at 904 635 0278
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

D/K Roofing 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
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/18/16 and assigned
Florida document number 106000103914

This amendment is submitted to amend the following:

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

D/K Roofing LLC LOC TITE Roofing LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3580 NW 37th Ave
Lauderdale Lakes
FL 33309

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:

Carol Williams

New Registered Office Address:

3580 NW 37th Ave

Enter Florida street address

Lauderdale Lakes

Florida

City

33309

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>
<u>mgr</u>	<u>Daniel West</u>	<u>437D NW 32nd Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Lauderdale Lakes FL 33319</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

I Carol Williams, Jay, Kate releasing
the name DC Nofing CC upon receipt
of this letter.

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2016 APR 01 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

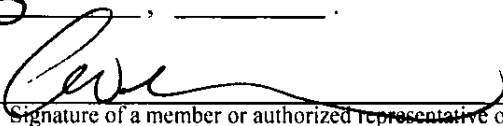
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

3/10/16



Signature of a member or authorized representative of a member

Carol Williams

Typed or printed name of signee