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COVER LETTER

	Registration Sect Division of Corp					
11:5:FC	Gullett Energ	gy Root Coatings, LLC	•			
SUBJEC	:1:	Name of Limit	ed Liability Company			
		amendment and fee(s) are subr				
		Brian Gullett				
			Name of Person			
		Gullett Energy Roof Coatin	gs, LLC			
			Firm/Company		22 22	:
		1808 Pioneer Dr.			22 AUG -8 AM 9: 06	
			Address		-8	3.
		Lakeland, FL 33809				
		gullettroofing@hotmail.com	City/State and Zip Code		90 se	<u>.</u>
			to be used for future annual report notif	ication)	<i>F</i> -	
For furth	ier information co	oncerning this matter, please ca	all:			
Brian G	ullett		863 412-2821			
	Name of	Person	Area Code Daytime	: Telephone Number	_	
Enclosed	d is a check for th	e following amount:				
□ \$25	.00 Filing Fec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &	
	Mailing Address	<u>s:</u>	Street Address:	stion		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gullett Energy Roof Coatings, LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our recor Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L06000117465	were filed on 12/08/2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Gullett Roofing, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>C:</u>
Trintiful office underess Moor Best Office		\\ \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		90 S
		1 E3-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		9. 3.5.
		90 S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	I Liability Company as it now appears on our records.) (A Florida Limited Liability Company) I Liability Company were filed on 12/08/2006	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>	
provisions of all statutes relative to the proper and complet	e performance of my duties, provided for in Chapter 60.	and I am Jamiliar with and 5, F.S. Or, if this document is
If Ch	anging Registered Agent, Signatur	re 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
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			22 AUG - 8 AM S
			☐ Add ☐Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more the	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing required.	an 90 days after filing.) Pursuant to 6	isted a
document's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day a	fter th
e record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the distribution.		
A nd -		
Dated August 2nd . 2022.		
Bi Milli	_	
Signature of a member or authorized representative of a	member	

Filing Fee: \$25.00