## (0700063739

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## COVER LETTER \_

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT: Dens	Son Builders Name of Lim	Group, L.L.	<del>.</del>
	Amendment and fee(s) are sub	-	
	Darryl D	Name of Person	
	Denson Buil	ders Group L.i	C.
	2205 Cempr	y Loop S Address	
		City/State and Zip Code  Son @ amail. Lon to be used for future annual report noti	
For further information co	oncerning this matter, please co		
Darry De Name of	N SON Person	at ( <u>263</u> ) <u>430-</u> Area Code Daytim	5259 e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S Division of Co	Section	<u>Street Address:</u> Registration Se Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Denson Builders Grand (Name of the Limited Liability Compared Limited	oup: L.L.C.	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Florida document number 40700063739.	were filed on 06/15/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi Reliable Roofing and Construction.  The new name must be distinguishable and contain the words "Limited Liability".		abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SAME	2023 SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	29 AH 10: 31
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registered
Name of New Registered Agent:	SAME	
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 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 amending Aufhorized 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>	Type of Action
			🗆 Add
	/ All A		🗀 Remove
			🗆 🗅 Add
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	<del></del>		□Add
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			□Remove

	202: FAL:
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	29 287 287
	<u>-</u> <u>-</u>
tive date, if other than the date of filing:	(optional)

the

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.

Signature of a member or authorized representative of a member

Filing Fee: \$25.00