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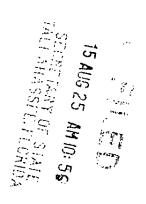
| (R                      | equestor's Name)    |             |
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| PICK-UP                 | ☐ WAIT              | MAIL        |
| (B                      | usiness Entity Nan  | ne)         |
| (D                      | ocument Number)     | <u> </u>    |
| Certified Copies        | Certificates        | s of Status |
| Special Instructions to | Filing Officer:     |             |
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Office Use Only



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## **COYER LETTER**

| TO: Registration Se<br>Division of Cor |  | •   |  |
|--|--|---|--|
| SUBJECT: AD                            | IANCED Roof I.<br>Name of Limi             | NG AND WATER PR   | 200FING, U.C.  |
| The enclosed Articles of               | Amendment and fee(s) are sub               | nitted for filing.  |  |
| Please return all correspo             | ndence concerning this matter              | to the following:   |  |
|  | BRENN                                      | AN P. Woody   | /  |
|  |  | Advanced Rooting & Waterproofis<br>698 Heinberg ST. Suite 108<br>Pensacola, FL. 32502<br>850-437-9454 | ng   |
|  | ·  | Address   |  |
|  |  |   |  |
|  |  | City/State and Zip Code   |  |
|  | BRENT C ASUANC<br>E-mail address: (        | ED ROOFING AND WATE<br>to be used for future annual report notif                                      | EPPROOFING. COM  |
| For further information c              | oncerning this matter, please ca           | all:  | ·  |
| BRENT W                                | Joody                                      | at ( <u><b>850</b></u> ) <u><b>437-</b>4</u><br>Area Code Daytime                                     | 9454   |
| Name o                                 | f Person                                   | Area Code Daytime   | : Telephone Number   |
| Enclosed is a check for the            | ne 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

ADVANCED ROOFING AND WATER PROOFING LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (A Florida Limited I   | Liability Company)   |
|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L07000 116573</u>           | were filed on  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liab  | ullity company here:   |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity 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:  | S. O. Carrier  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
|  |  |
|  | Sin on   |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | <u>re</u> :  |
| Name of New Registered Agent: BREA   | INAN P. Woody  |
| New Registered Office Address: 698   | HEINBERG ST. SuzTE 108  Enter Florida street address                                   |
| PENS.  | HEINBERG ST. SurTE 108 Enter Floridu street address  ACOLA Florida 32502 City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent:  |  |
|  | and the second second second second  |

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                     |                                       |                |
|-------------|---------------------------------------|---------------------------------------|----------------|
| Title       | <u>Name</u>                           | Address                               | Type of Action |
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| ··              |                  |                                  |               |             |              |               |               | 07.75<br>97.75<br>17.75 | 25        | in these     |
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| ffective date,  | if other tha     | n the date of the must be specif | filing:       |             |              |               | (opt          |                         | •         |              |
| Note: If the da | te inserted in t | his block does<br>the Departmen  | not meet t    | he applical | ole statutor | ry filing req | uirements, th | is date will n          | ot be lis | ted as t     |
|                 |                  | layed effecti<br>e record is fi  |               | , but not   | an effec     | tive time     | at 12:01      | a.m. on th              | ie earl   | ier of:      |
|                 | 8/18             |                                  | , Z           | 2015        | /            | 1             |               |                         |           |              |
| Dated           | <u> </u>         |                                  |               |             |              |               |               |                         |           |              |

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Filing Fee: \$25.00