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APR 14 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation		
SUBJECT:	(Name of Limited Liability Company)	
The enclosed Articles of Arm	endment and fee(s) are submitted for filing.	•
Please return all corresponder	nce concerning this matter to the following:	
_	DANIEZ MIERZEJEWSKI (Name of Person)	
-	FIRST RATE ROOFING LLC (Firm/Company)	
_	2858 N. BISCAYNE DR	200 TAI
_	2858 N. BISCAYNE DR (Address) NORTH PURT, FL 3428 ((City/State and Zin Code)	2009 APR 13 AMI SEGRETARY OF STALLAHASSEE.FL
	(City/State and Zip Code)	~ ~ ~
For further information conce	erning this matter, please call:	
DANIE M	IERZEJEWSKI at (941) 5/8-9723 (Area Code & Daytime Telephone Num	1: 06
(Name of Pe	rson) (Area Code & Daytime Telephone Num	iber)
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy ional 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

FIRST RATE ROUFING LLC					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
	1	0			
The Articles of Organization for this Limited Liability Company w	ere filed on	and assigned			
Florida document number					
	·	PE 3			
This amendment is submitted to amend the following:					
This tailent is such the to tailent the following.	BECRETAR ALLAHASS				
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation '	LLC er the abbreviation			
"L.L.C."		26 S			
Enter new principal offices address, if applicable:	2858 N.BI	SCAYNEDR			
(Principal office address MUST BE A STREET ADDRESS)	2858 N.BI NIRTH PORT	FL, 34286			
		,			
Enter new mailing address, if applicable:	2858 N. RI	SCAYME DR			
Mailing address MAV DE A DOCT OFFICE BOV	2858 N. BIS NORTH PORT	2 3 2 2 8 (
(Mailing address MAY BE A POST OFFICE BOX)	70 GR 747 7 GR 7 7	2,37006			
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:					
<i>A</i>					
Name of New Registered Agent:	NIE MIERZESEN	vsk/			
$\gamma l <$	-8 N. BISCAYN	r ne			
New Registered Office Address:	(Enter Florida street address)				
	City) PORT, Florida_	3700			
	(City)	(Zip Code)			
Name Designation of Asset/a Cinnertum of changing Designation of Asset					

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> **Name Address Type of Action** 3411 15 5T 4610 BRADEMON FE 34203 Remove Add Remove Add Reconve 🗖 Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member DANIEL MIERZEJEWSKI
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00