LOSOCIO 50854

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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2013 OCT -2 AM IC 46
STORE LARY OF STATE
AND STATE
OF STA

COVER LETTER

Division of Cor	porations		
SUBJECT: Su	neoast ReRoc	Ang, LLC	
	Name of Limit	ed Liability Company	And the second
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
•	ű	ŭ	
	Thaeus	A. Brown Name of Person	
		Name of Person	
	Suncoa	St Re Roofing, uc	
		Firm/Company	
	370 Ca	el Batsel Road	
	Bowling	Green, KY 4210 City/State and Zip Code	04
	<i>J</i>	City/State and Zip Code	
	<u>Susan whith</u>	inghill 2005 @ yahoo. (o bodsed for future annual report notificati	<u>com</u>
	thad E-mail address: (to	o be seed for future annual report notification.	on)
For further information c	thad bre yahoo oncerning this matter, please of	all:	
Swan Whi		at (<u>270)</u> 8 42 - 87 - Area Code & Daytime Te	7.7
Name o	f Person	Area Code & Daytime Te	lephone 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:

TO: Registration Section

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**

FILED 2013 OCT -2 AN IO: 46

SECRETARY OF STATE,

Suncoast ReR	10 C 1 1 0	TALLAHASSEE, # LUKIDA
(Name of the Limited Liability	y Company as it now appears on Limited Liability Company)	our records.)
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability O		and assigned
Florida document number <u>L080000 5 085</u>	<u>-4</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
		(7) (7)
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the new
registered agent and/or the new registered office add	il ess liere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter I	lorida street address
		, Florida Zip Code
N. B. (4. 14. 4) (8. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	City	Zip Code
New Registered Agent's Signature, if changing Registere	ea 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 Type of Action Title Name Address Champion Roofing XI, LLC 370 Cal Batsel Road Add MGRM Bowling Green KY 42/04 Remove Ambassador Holdings, LLC 370 Cal Batsel Road X Add Bowling Green, KY 42104 Remove Remove Remove Remove

D . 1	lf-ami	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		· · · · · · · · · · · · · · · · · · ·
	-	·
	•	
	-	•
Date	:d	9/30/20131 1. 2018.
	J	
	·	Signature of a member or authorized representative of a member
		Typed or printed name of signoc
		Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
SECRETARY OF STATE