(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status ___ Special Instructions to Filing Officer:

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EXAMINER

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G. MCLEOD SEP 9 - 2010 EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			*
SUBJECT:	Global Root	fing Services, LLC	•
SUBJECT.		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
	15		
		Address	
	Lak	e Worth, Florida 33467	
		City/State and Zip Code	
		mikejgrillo@aol.com to be used for future annual report no	
For further information co	E-mail address: (i		outication)
Pa	aul Newkirk	at (561)	809-7464
Name of	f Person	Area Code & Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
!	•		
Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glob (Name of the Limited (A	cal Roofing Services, LLC Liability Company as it now appears of Florida Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Lie Florida document number L08000078		ugust 18, 2008	and assigned		
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability company here:				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company	," the designation "l	LC" or the abbreviation		
Enter new principal offices address, if applica	able:		_		
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or the new registered of	or registered office address on our	SEE, FLORIDA	ARY 0 - 9 11 1 1 1 1 1 1 1 1		
Name of New Registered Agent:	Paul Newkirk				
New Registered Office Address:	New Registered Office Address: 8461 Lake Worth Road, Suite Suite 115 Enter Florida street address				
	Lake Worth	, Florida	33467		
	City		Zip Code		
New Registered Agent's Signature, if changing I	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>	<u>Name</u>	Address	Type of Action
MGR	Michael Grillo	8461 Lake Worth Road, Suite Suite 115 Lake Worth, FL 33467	Add Remove
MGRM_	Michael G. Mila	8461 Lake Worth Road, Suite Suite Lake Worth, FL 33467	
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u> </u> -	Removing Michael Grillo as Ma	enter change(s) here: (Attach additional sheets, if necessarinager and Registered Agent of the Limited Liability Compa	
-	removing Michael G. Mila	as MGRM	
Dated	August 31		
	Signatur	e of a member or authorized representative of a member Paul Newkirk	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00