108 000118032

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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J. HARRIS

COVER LETTER

TO: Registration S Division of Co			
CHIDIFFOR	Roofing Services LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Deborah Roache		
		Name of Person	
	Grace Roofing & Sheet Mo	etal Enterprise LLC	
		Firm/Company	
	766 Riverside Dr		
		Address	
	Coral Spings, FL 33071		
		City/State and Zip Code	
	droache@graceroofing.net		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please concerning the concerning this matter, please concerning this matter, please concerning the co	all:	
Deborah Roache		954 733-7332	
Name	of Person	at () Area Code Daytimo	e Telephone Number
Enclosed is a check for	the 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



March 7, 2018

DEBORAH ROACHE 766 RIVERSIDE DR CORAL SPRINGS, FL 33071

SUBJECT: SPRINOM ROOFING SERVICES LLC

Ref. Number: L08000118032

We have received your document for SPRINOM ROOFING SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 718A00004570

RECEIVED

1018 MAR 15 AM 9: 50

10 DEPARTMENT OF STATE

11 DEPARTMENT OF STATE

TAIL A HASSEE, FLORIFY

TAIL A HASSEE, FLORIFY

2010 MAR 15 PM 3: 11
SEURE JARY OF STATE
ALLAHASSEE FOR DRING

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sprinom Roofing Services LLC			
(Name of the Lim	ited Liability Company as it nov (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited I	Liability Company were filed	d on 12/29/2008	and assigned
Florida document number L08000118032	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability com	pany here:	
Grace Roofing & Sheet Metal Enterprise LLC			
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" o	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cahla:		
<u> Principal office address MUST BE A STREI</u>	<u>ET ADDRESS)</u>		
			COAL PROPERTY
Interney mailing address if applicables			SEX CO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	-		> in •
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		ress on our records, g	enter the name of the
Or New Megistered Figure.			
New Registered Office Address:	10012 Country Brook Rd		
	Ē	Enter Florida street address	
	Boca Raton	, Flori	da ³³⁴²⁸
	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.

f 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

$\mathbf{AMBR} = \mathbf{A}$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
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ective date, if other than the on effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ck does not meet th	e applicable statutory	g or more than 90 day y filing requirement	(optional) s after filing.) Pursu s, this date will no	iant to 605.020 ot be listed a
record specifies a delayed he 90th day after the reco	effective date, and is filed.	but not an effect	ive time, at 12:	:01 a.m. on th	ne earlier (
February 19	201	8			
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_ pebo	Signature of a member	r or authorized represer	ntative of a member	AS	20 source

Page 3 of 3

Filing Fee: \$25.00