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P.002/005

COVER LETTER

TO: **Registration Section** Division of Corporations struction & loofing SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person ch00 / r Firm/Company Ŧ Address City/State and Zig Co E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person trea Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Status 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 02/18/2020 13:25

(FAX)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

People's Choice Construction & Roofing LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

People's Choice Construction LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	020
		A PT
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, enter	the name of the new registered
agent and/or the new registered once andress r		
		UNIDA I
Name of New Registered Agent:		2
New Registered Office Address:		
	Enter Florida street address	
-		orida
	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.

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If amending Authorized Person(s) anthorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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			Change
		<u> </u>	🗆 Add
			🗆 Remove
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TADLE	ctive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior i: If the date inserted in this block does not meet the applica- ment's effective date on the Department of State's records.	DIG SERUIOTY HIMS REQUIREMENTS. IMS C	al) ing.) Pursuant to 605.0207 (3) ate will not be listed as the

Dated Feb 18th	2020
	- ATSUL
	Signature of a member or authorized representative of a member
Lewin E Cam	pbell
	Typed or printed name of signee