## L09000029387

(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	K C R	oofing LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing:	
Please return all correspo	endence concerning this matter	to the following:	
		hrishan Ago	ostos_
	K	C Roofing Firm/Company	
	<u>5</u> 1	105 NW 10	and Are#208
	<u>Su</u>	City/State and Zip Code	3351
	E-mail address: (	to be used for future annual report noti	gication yethou. Com
For further information c	oncerning this matter, please c	all:	;-1 na
<u>Kare</u>	n Agostas	at (954) 260 Area Code Daytim	0-1497 = T
		25,411	ARY OF SSEE. F
Enclosed is a check for the	-		EST F
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate of Status &
		(additional copy is enclosed)	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now(appears on our records,) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 10900029387
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: KEC Roof Maintenance
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  5405 NW 102nd Avc  5011e # 208  500(1Se, FL 3335)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
Name of New Registered Agent:
New Registered Office Address:  5405 UW Ond The Suite 1208  Enter Florida street address  City Florida 5335

## 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.

If 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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tive date, if other than the date of filing:  [Fective date is listed, the date must be specific and cannot be prior to date of file.]	(optional)
If the date inserted in this block does not meet the applicable statute	ory filing requirements, this date will not be lis
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effe	ctive time, at 12:01 a.m. on the earl
90th day after the record is filed.	
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December 10, , 2015.	
PW	
	sentative of a member

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Filing Fee: \$25.00