L09 000032969

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Lassings 2.111, 1.111, 1.111)
(Document Number)
(2001,10,11,10,11,10,11,11,11,11,11,11,11,
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600259110526

04/23/14--01013--025 **25.00

MAY - 6 2014 T CLINE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section 1



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2014

LARRY LANGSTON 1800 BRIAN WAY ST AUGUSTINE, FL 32084

SUBJECT: DISCOUNT ROOFING OF ST AUGUSTINE LLC

Ref. Number: L09000032969

We have received your document for DISCOUNT ROOFING OF ST AUGUSTINE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 314A00008988

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Disco	ount Roofing o	f St Augustin	e IIc	
SUBJECT:		ited Liability Company		
	·			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		_		
	Larry Langs	ton		
		Name of Person		
	Discount Ro	ofing of St A	ugustine llc	
	 	Firm/Company		
	1800 Brian \	V ay		
		Address		
	St Augustine	e FI 32084		72. 22
		City/State and Zip Code		2014 APR 30 SECRETAR TALLAHASS
	Discountroofing1	•		AND THE
	E-mail address: (to be used for future annual rep	ort notification)	30 455
For further information c	oncerning this matter, please c	all:		719 72
Larry Lange	ston	_{at} 904 34	46199	Y U: 12
Name o	f Person	Area Code	Daytime Telephone Number	5m 2
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	□ \$60.00 Filir Certificate	ng Fee, of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 04/06/2009 and assigned Florida document number L09000032969

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

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 new registered flice address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** james t sullivan 1110 Elizabeth drive **AMGR** ☐ Add St Augustine Fl 32084 **■** Remove _□ Remove _□ Remove □ Add ___ □ Remove □ Remove

	
<u> </u>	
ne effective date must be specific, cannot be prior to date of receipt or filed date and	(optional) d cannot be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) Dated April 21, 2014.	d cannot be more than 90 days after
he effective date must be specific, cannot be prior to date of receipt or filed date and he date this document is filed by the Florida Department of State)	d cannot be more than 90 days after
Aled	d cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

ATVIS de Aevidades