10900033678

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FILED 2009 SEP 23 AM 10: 08 SECRETARY OF STATE SECRETARYSEE, FLORIDA

M. THOMAS
SEP 2 4 2009
EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	СТ:	United Roofer Name of Limit	ed Liability Company	, , , , , , , , , , , , , , , , , , ,
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Stephe	Name of Person	
		Unifed	Roofers LLC Firm/Company	
		POBOY?	7884 Address	
			City/State and Zip Code Coofers, us obe used for future annual report notifica	TALLAHASSEE, FLORIO
		Steve@unit E-mail address: (t	ed roofer, us	tion) SSEC 是 C
For fur	ther information co	oncerning this matter, please ca		ID: 09
	Steve Name of	Trup FPerson	at (954) F72, Z4 Area Code & Daytime T	Felephone Number
Enclose	ed is a check for th	e following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United Roofers L	LC							
(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 v Florida document number <u>L0900033678</u> .	were filed on April 17, 2009 and assigned							
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liabil	ity company here:							
NA								
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation							
Enter new principal offices address, if applicable:	2281 N. 56 Terr.							
(Principal office address MUST BE A STREET ADDRESS)	2281 N. 56 Terr. Hollywood, F1 33021							
Enter new mailing address, if applicable:	POBOX 5884 30 3							
(Mailing address MAY BE A POST OFFICE BOX)	Pembrola Piner, Fig 33024 TI							
B. If amending the registered agent and/or registered office address here:								
Name of New Registered Agent:	lephen Tripp >							
New Registered Office Address: 2281	N - 56 Terr Enter Florida street address							
	City , Florida 33021 Zip Code							
Name Desirate and Assembly Clausetons of sharping Desirate and Assembly	Lip 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 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

Title Name Address Type of Action

Per Carole La Combe 8420 SW 12 Terr Add Pembroke Placer, FT 37026 Premove

Nore Los lie La comb 8420 SW 12 Terr Add Pembroke Placer, FT 37026 Premove

MGRM Stephen Tryp 2281 N. 56 Terr Add Pembroke Placer, FT 33021 Premove

| MGRM Stephen Tryp | 2281 N. 56 Terr Add Pembroke Placer, FT 33021 Premove

| Add | Remove | Add | Add | Remove | Add | Add | Remove | Add | Ad

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)	L
-		-
-		-
ed	September 2, , 2009.	-
	Signatury of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Style Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00