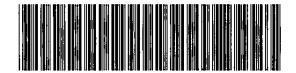
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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	. #0
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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JUN 1 6 2014 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: HAL	L ROOFING &	SIDING, LLC ited Liability Company		
	mendment and fee(s) are sub	-		
		HALL JR Name of Person		
		Firm/Company Address		ALLENGE - O
		Address EL 32445 City/State and Zip Code		器 年 21
For further information co	E-mail address (to be used for future annual report notiful	ication)	ŕ
ANDY HAL	Person	at (_ &\$50) _ _557- Area Code Daytime	3348 e Telephone Number	<u>.</u>
Enclosed is a check for the	e 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 Certificate of Certified Control (additional control	of Status &
MAILE	NG ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALL ROOFING &	SIDING, LLC
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L0900036445</u>	ompany were filed on 4-15-2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
<u></u>	, Florida
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and coaccept the obligations of my position as registered age	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent
VOMERLE RESSMINTING SECRETARY TO MAKE SECRETARY	Page 1 of 3

EITES

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SIDNEY HALL JR	4939 Huyz	
		MALONE FL 32445	β CRemove
AMBR	SIDNEY PHALL JR	4939 Hwy Z	\S [\Add
		MALONE FL 32445	□ Remove
AMBR	ANDY HALL	724 DICKERSON LN	⊠ Add
		MARIANNA FL 3244	8 □ Remove
			Remove
			□ Remove
			□ Add
Ÿ	SEORETARYSEE TARGET		□ Remove

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_	
	e date, if other than the date of filing:
	his document is filed by the Florida Department of State)
ne date	

Page 3 of 3

Filing Fee: \$25.00