L0900036445

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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SECRETARY OF STATE

B BOWN BEP 1 5 2014

COVER LETTER

TO: Registration Section
Division of Corporations

BURCE: Hall Roofing Siding & Building, LLC

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:

	Sidney P. Hall
	Name of Person
	Firm/Company
	4939 Hwy 2
	Address
	Malone, FL 32445
	City/State and Zip Code
	jwandjlgrant@embarqmail.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Sidney P. I	Hall850 \ 526-8441

Enclosed is a check for the following amount:

Name of Person

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & 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 STREET/COURIER ADDRESS:

Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hall Rooting Siding & Building, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our i d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar Florida document number L09000036445	ny were filed on April 15,	2009 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Hall Roofing & Siding, LLC		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TAIL SE
		SE SE TI
		No.
Enter new mailing address, if applicable:		9 YRY
(Mailing address MAY BE A POST OFFICE BOX)		
		STATE O
		<u> </u>
B. If amending the registered agent and/or registered	office address on our re	cords, enter the name of the ne
registered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	nddress
		, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

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 = Ma AMBR = Au	nnager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		**************************************	Remove

			□ Remove
			Add SECOND REPROVE
			Add 4 SERROVE PM 4: 455 TALLAHASSEE FLORIDA Remove
	·	***************************************	
			□ Remove
			□ Remove

E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated August 4 Signature of a member or authorized representative of a member Sidney P. Hall Typed or printed name of signee
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Dated August 4 , 2014 Signature of a member or authorized representative of a member Sidney P. Hall
Signature of a member or authorized representative of a member Sidney P. Hall
Sidney P. Hall
Sidney P. Hall
Typed or printed name of signee
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Filing Fee: \$25.00