

L09000046220

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 18 PM 2:34

JUN 19 2012

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Treasure Coast Roofing & Waterproofing, 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:

Andrew Kriska

Name of Person

Treasure Coast Roofing & Waterproofing, LLC

Firm/Company

514 SW Dairy Rd

Address

Port Saint Lucie FL 34953

City/State and Zip Code

tkroofer@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennette Kriska

Name of Person

at (772) 201-7552

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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:

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JUN 18 PM 2:35

TREASURE COAST ROOFING AND WATERPROOFING, LLC

Treasure Coast Roofing & Waterproofing, LLC

(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 May 12, 2009 and assigned  
Florida document number L09000046220.

This amendment is submitted to amend the following:

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

NorthStar Roofing LLC

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

514 SW Dairy Rd  
Port St Lucie FL 34953

**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:

Enter Florida street address

, 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 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                                                             |
|-------|--------------------------|----------------------------------------------|----------------------------------------------------------------------------|
| MGR   | Jeanette Kriska          | 514 SW Dairy Rd<br>Port St Lucie FL 34953    | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | Michael Woodrow Anderson | 550 NW Cornell Ave<br>Port St Lucie FL 34983 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                          |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                          |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                          |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                          |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated June 12, 2012.

AK  
Signature of a member or authorized representative of a member  
Andrew S Kriska  
Typed or printed name of signee

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TOLSON