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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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G. MCLEOD

AUG 11 2009

EXAMINER



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SECRETARY OF COLORS

COVER LETTER

Registration Section

Division of Co	orporations .		
SUBJECT:	ROOFING	SUPPLY USA, LLC	
Subsect:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	·
	Pro Tolland	March 1 Table 1	e to the swaller
		TATIANA PUCHE	
		Name of Person	
		Firm/Company	
ý		850 SW 69 AVENUE	
		Address	
		IIAMI, FLORIDA 33144	
	. •	City/State and Zip Code	. •
•	TATI@UNL E-mail address:	IMITEDROOFINGSUPPLY.CO (to be used for future annual report notificat	OM ion)
For further information	concerning this matter, please	•	
TA	TIANA PUCHE	at (305) 26	9-0705
Name	of Person	Area Code & Daytime To	elephone Number
Enclosed is a check for	the following amount:	Salar Salar Bay	
\$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)
Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	ROOFING SUPPLY L	ISA, LLC	•	
(Nam	e of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears (Company)	on our records.)	
The Articles of Organization fo	r this Limited Liability Company were fil	ed on	06/05/2009	and assigned
Florida document number	L09000054557			
This amendment is submitted to	amend the following:			
A. If amending name, <u>enter t</u>	he new name of the limited liability con	npany here:		
The new name must be distinguish "L.L.C."	nable and end with the words "Limited Liabi	lity Company	," the designation "L	LC" or the abbreviation
Enter new principal offices ad	dress, if applicable:		·	·
(Principal office address MUS	T BE A STREET ADDRESS)	·		
		<u></u>		
Enter new mailing address, if	applicable:			
(Mailing address MAY BE A F	OST OFFICE BOX)			
	And the specimens of th			
B. If amending the register	ed agent and/or registered office ado w registered office address here:	lress on ou	r records, <u>enter t</u>	he name of the ne
registered agent and/or the ne	w registered office address here:			
Name of New Registe	red Agent:			
New Registered Office	e Address:	71	ru 1	,,,,
		Ente	r Florida street add	ress
	City		, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mánager

MGRM = Managing Member **Address Type of Action** Title Name 1 MGRM **IKE HERNANDEZ 850 SW 69 AVENUE** ☐ Add √ Remove MIAMI, FLORIDA 33144 MGRM TATIANA PUCHE **850 SW 69 AVENUE** ✓ Add ☐ Remove MIAMI, FLORIDA 33144 ☐ Add ☐ Remove Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 5 2009 Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00