

L09000068313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

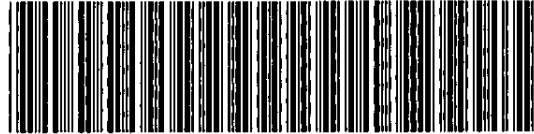
(Business Entity Name)

(Document Number)

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2012 FEB 16 PM 3:24  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

J. SAULSBERRY  
EXAMINER

FEB 17 2012

**Donald R. Harrison**  
**Certified Public Accountant**

**Mailing Address:**  
Post Office Box 2800  
Winter Haven, Florida 33883-2800

**Street Address:**  
720 Avenue A SW  
Winter Haven, Florida 33880

**Telephone** (863) 293-3821  
**Fax** (863) 294-9052  
**Email** drhcpa@drhcpa.net

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 10, 2012

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Madam or Sir:

McClintock Roofing of Polk County LLC is submitting Articles of Amendment to amend its name to McClintock Roofing LLC. The name, McClintock Roofing LLC, is not yet available to be released. McClintock Roofing of Polk County LLC and McClintock Roofing LLC have the same managing members. After talking with your office, I was instructed to write this letter to ask you to please release the name McClintock Roofing, LLC, due to the fact that the managing members are the same as McClintock Roofing of Polk County LLC. Thank you for your assistance in this matter.

Sincerely,

*Paul B. Harrison*  
Paul B. Harrison

Marquerite McClintock  
Managing member

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: McClintock Roofing of Polk County 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:

Marguerite McClintock

Name of Person

McClintock Roofing of Polk County LLC

Firm/Company

260 36th Street NW

Address

Winter Haven, FL 33880

City/State and Zip Code

mmclintock1@tampabay.rr.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Maggie McClintock

Name of Person

at ( 863 ) 268-4778

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**

McClintock Roofing of Polk County 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 07/15/09 and assigned  
Florida document number L09000068313.

This amendment is submitted to amend the following:

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

McClintock 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)**

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TALLAHASSEE, FLORIDA

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

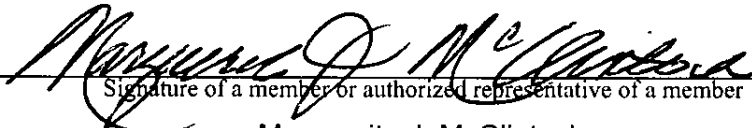
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated February 10, 2012

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Marguerite J. McClintock  
 \_\_\_\_\_  
 Typed or printed name of signee

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