

169000072066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2010 DEC 20 AM 10 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
DEC 21 2010
EXAMINER

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____ **Suncoast Roofers 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:

Bruce D. Rubin

Name of Person

Suncoast Roofers LLC.

Firm/Company

7011 Land O' Lakes Blvd

Address

Land O' Lakes FL. 34638

City/State and Zip Code

bdr001@aol.com

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

For further information concerning this matter, please call:

Bruce D. Rubin

Name of Person

at (813)

943-3860

Area Code & Daytime Telephone Number

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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

Suncoast Roofers 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 07/27/2009 and assigned Florida document number LO9000072066

This amendment is submitted to amend the following:

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

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)

7011 Land O' Lakes Blvd

Land O' Lakes Florida 34638

260 DEC 20 11
SECTIONARY OF STATE
TALLAHASSEE, FLORIDA
AMENDMENT
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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Thomas DeCleene

New Registered Office Address:

7011 Land O' Lakes Blvd

Enter Florida street address

Land O' Lakes

, Florida

34638

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.

Thomas DeCleene
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

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

Dated _____, 19_____, at _____, _____, _____.

Franklin

Signature of a member or authorized representative of a member

12-15-2010

Bruce D. Rubin
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00