# L09600084835

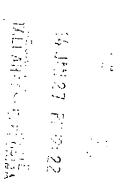
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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### **COVER LETTER**

Division of Corpor			
SUBJECT:	PLNE Roofing Name of Limit	LLC. ed Liability Company	<del></del>
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ance concerning this matter to	o the following:	
	Michael V	1 Owens	
	Dertine L	policy LLC	
	625 N	/ W/ 170 4 St.	
		Address	
	Newberry , FL	32669 City/State and Zip Code	
-	Neal 0197:	3 Q Q Me // COM  be used for future annual report notification	Vany.
			non)
For further information conc	erning this matter, please cal	ll:	
<u>Neal Ourus</u>		at (352) 3/8-000 Area Code Daytime To	1596
Name of Pe	rson	Area Code Daytime Te	elephone Number
Enclosed is a check for the fo	ollowing 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

Overtime Posting LLC	<u>1</u> -	
Over time Posting LLC (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO 9000084835</u> .	were filed on $\frac{9/02/200}{}$	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MN O Weus Roofing, LLC The new name must be distinguishable and end with the words "Limited Liab		
The new name must be distinguishable and end with the words "Limited Liab	oility Company." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	625 NW 170 th	S <del>/=</del> :
(Principal office address MUST BE A STREET ADDRESS)	oility Company." the designation "LLC" or 625 NW 170 4 ( Newberry, FL 3266	19
		3
		<u>-1</u>
Enter new mailing address, if applicable:	625 NW 1704	8+
(Mailing address MAY BE A POST OFFICE BOX)	625 NW 1704 ! Newberry , FL 32669	<u> </u>
		140° (1)
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street address	
	Florid	я
	Ciņ	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 <u>Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthortzed Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		Add
			Remove
			Add
			☐ Remove
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	). If am	lending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		· · · · · · · · · · · · · · · · · · ·
	-	
	•	
. Effective date, if other than the date of filing:	(The eff	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
Dated 1- 21 . 2014.	Dated	
Machel Jane		Michel Blus
Signature of a member of authorized representative of a member		Signature of a niember of authorized representative of a member
Typed or printed name of signee		Michael N Owens

Page 3 of 3

Filing Fee: \$25.00