L09000084835

| (Rec | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | lress) | |
| (Add | iress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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B. BOSTICK
MAR 1 0 2014

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations**

MN Owens Roofing 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:

Michael N Owens

Name of Person

MN Owens Roofing LLC

Firm/Company

625 NW 170th St.

Address

Newberry, FL 32669

City/State and Zip Code

nealo1973@gmail.com

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

For further information concerning this matter, please call:

Neal Owens

Name of Person

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

| MN Owens Roofing LLC | | |
|--|---|------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L00900084835 | were filed on 1/27/2014 | 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: | |
| OverTime Roofing LLC | | |
| The new name must be distinguishable and end with the words "Limited Liab | oility Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 625 NW 170th st | |
| Principal office address MUST BE A STREET ADDRESS) | Newberry, FL 32669 | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | ffice address on our records, <u>e</u> e: | nter the name of the n |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Floric | ła |
| | City , FIOTR | 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Type of Action Title** <u>Name</u> <u>Address</u> □ Add __ Remove ☐ Add ☐ Remove □ Add Remove ..□ Remove _□ Add ☐ Remove □ Add _□ Remove

| (optional) ore than 90 days after |
|--------------------------------------|
| |
| |
| n member |
| |

Page 3 of 3

Filing Fee: \$25.00