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12 APR 16 AM 10: 34,
SECRETARY OF STATE

COVER LETTER

Division of Co	rporations			
SUBJECT:	Adkiso	n Roofing LLC		
	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Benjamin A Adkison			
		Name of Person		
	Adkison Roofing LLC			
		Firm/Company		
		4033 24th St SW		
		Address		
	Le	ehigh Acres, FL 33976		
		City/State and Zip Code		
	adkiso	nroofing@embarqmail.com to be used for future annual report notification)		
For further information	concerning this matter, please			
Reni	amin A Adkison	at (239) 896-0421		
	of Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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

FILED 12 APR 16 AM 10: 34

0 0	SECRETARY OF AS A		
Adkison Roofi	ng LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA		
(Name of the Limited Liability Comp.	Liability Company)		
The Articles of Organization for this Limited Liability Company	ny were filed on 12129109 and assigned		
Florida document number <u>LD9000 122680</u>			
This amendment is submitted to amend the following:			
Ç			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation		
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)			
	office address on our records, enter the name of the new		
registered agent and/or the new registered office address her	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
1.080000	City Zin 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 = Manager

MGRM	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Benjamin A Adkison	40334th St SW Lehigh Acres, FL 33976	Add Remove
<u>MGRM</u>	Richard A Poulston	4033 24th St SW Lehigh Acres, FL 33976	Add Remove
MGRM	Dustin A Adkison	19621 North Tamiami Tr. Lot # 42 North Fort Myers, FL 33903	Add Remove
			Add Remove
			Add Remove
			Add
D. If am	•	change(s) here: (Attach additional sheets, if necessary	.)
	Dustin A Adkison will be a 10% acting as a managing member.	owner of Adkison Rooting LLC	12 APR 1
			SSEE FLOOR
Dated	April 10	Allusan 1/2/	7 . F
	Signature of a m	Dustin A Adkison Benjamin A Ad Typed or printed name of signee	deison

Page 2 of 2

Filing Fee: \$25.00