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DEPARTMENT OF STATE

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SECRETARY OF STATE

APR 2 5 2016 S. YOUNG

COVER LETTER

Division of Corporations		
SUBJECT: CARLETT'S ROOF, WE LLC Name of Limited Liability Company		
Name of Littifed 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 CORLETT		
Name of Person	-	
MICHARI CORVETT Name of Person CORLETT'S ROSING LLC		
Firm/Company		
	•	
10819 Nul MAZERACRO		
Address		
CLARKSVILLE FL 32430		
Chy/State and Zip Code		
Lower BORKETT'S Roofing @ OUTLOK Com E-mail address: (to be used for future annual report notification)		NSE N
E-mail address: (to be used for future annual region notification)	CO TOP	
For further information concerning this matter, please call:	APR	£ <u>g</u> .
	25	
MICHAEL CORLETT at (850) 643-7062		- ## ~
Name of Person Area Code Daytime Telephone Number	PH	الراب
	6: 49	0.5
	F	مغر مرابع من مرابع من مرابع
Enclosed is a check for the following amount:	Q	- Tori
№ \$25.00 Filing Fee		
Certificate of Status Certified Copy Certificate of Status &		
(additional copy is enclosed) Certified Copy		
(additional copy is enclosed)		

TO:

Registration Section

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

(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now apper iability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab	ility Company	were filed on _		and assigr	ned
Florida document number	·				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ie limited liabi</u>	lity company l	ere:		
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the	designation "LLC" or the	abbreviation "L.L.C	2.33
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET)	ADDRESS)				
·					
F-4				,	5
Enter new mailing address, if applicable:	310				FPR S
(Mailing address MAY BE A POST OFFICE BC	<u>)X)</u>				25
•		<u></u>		,	
B. If amending the registered agent and/or registered agent and/or the new registered offic			n our records, <u>ent</u>	er the name of	tilizine.
					9
Name of New Registered Agent:	3	· ·		,	
New Registered Office Address:					
		Enter Fi	orida 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 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

<u>tle</u>	<u>N</u> ame	Address	Type of Action
GR	PAUL CORLETT	208\$7 PINE STREET Blountstown FL	_ Add
		32424	Remove
		-	Change
GR_	FRANKE STONE	16738 NE LUKE HILAND RD	∠ Add
		ALTHA FL 32421	Remove
			Change
			APR 25
	·	· .	Remove 🖳
			[] Change 5
			Add
	· · · · · · · · · · · · · · · · · · ·		Remove
			☐ Change
			□ Add
			🗆 Remove
			Change
. 17.			Add

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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<u>(ote:</u>	tive date, if other than the date of filing:	605.0207 (3)(b isted as the
aou.	,	
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier of:
۱h	e 90th day after the record is filed.	
ate	4/25/16	
/a;c	1/65/6	

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Filing Fee: \$25.00