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TO:

Registration Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Port of the second seco Laumar Roofing Systems LLC SUBJECT: 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: Jose E Baez Jr Name of Person Laumar Roofing Systems LLC Firm/Company 17607 73rd et n Address Loxahatchee, FL 33470 City/State and Zip Code jbaezjr@laumarroofing.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jose E Baez Jr Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AR	TICLES OF O	RGANIZATION	
	OI	F	بران در انتها انتها
Laumar Roofing Systems L.L.C.			
(Name of the Lin	(A Florida Limited Li	y as it now appears on our jability Company)	r records.)
the Articles of Organization for this Limited	Liability Company y	were filed on 3/12/2010	r records.) and assigned
lorida document number L10000028046			جے ماہ دیکا ہے۔
his amendment is submitted to amend the fo	nowing:		
a. If amending name, enter the new name	of the limited liabil	lity company here:	
LAUMAR SYSTEMS LLC			
he new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		17607 73RD CT N	
Principal office address MUST BE A STRE		LOXAHATCHEE, FL	33470
inter new mailing address, if applicable:		17607 73RD CT N	
Mailing address MAY BE A POST OFFICE	E BOX)	LOXAHATCHEE, FL.	33470
	<u>3 20717</u>		
. If amending the registered agent and/or	registered office ad	ldress on our records.	enter the name of the new registered
gent and/or the new registered office addr	ess here:	· · · · · · · · · · · · · · · · · · ·	The second secon
Name of New Registered Agent:	JOSE E BAEZ JI	R	
New Registered Office Address:	17607 73RD CT	N	
		Enter Florida street	address
	LOXAHATCHE	E	Florida 33470
	·	City	Zip Code

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 Register Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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f an ef Note:	ive date, if other than the date of filing:
docun	ent's effective date on the Department of State's records.
e reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fi	led.
Dated	
Dated	Dungy 15 . 2028.

Typed or printed name of signee