100056514

(Re	equestor's Name)		
(Ad	ddress)		
(Ad	ddress)		
(Ci	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only

G. MCLEOD

AUG 17 2011

EXAMINER



700208261977

06/02/11--01006--001 **25.00

11 AUG 15 PM 1:20

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Aztec Rosing Systems LLC Name & 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:
Brittany Davenport Name of Person
Firm/Company
7334 13th Ave N
St Petersburg, FL 33710
City/State and Zip Code brittalvenort and John Sil. Com E-mail address: (to be used-for future annual report notification)
For further information concerning this matter, please call:
PriHanus Davenport at (797) 470-5304 Name of Person at (797) 470-5304 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed)\$\$ \$60.00 Filing Fee, \text{Certified to f Status & Certified Copy} \\ (additional copy is enclosed)\$\$ \$60.00 Filing Fee, \text{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

Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Ma Florida document number ______L\0000056516. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Damous
		· · · · · · · · · · · · · · · · · · ·	
			Add Remove
	 		Domosus
			AddRemove
		· · · · · · · · · · · · · · · · · · ·	Remove
D. If amend	ling any other information, enter cha	inge(s) here: (Attach additional sheets,	
. —			
Dated <u>M</u>	$\frac{\text{ly} \mathcal{O} \text{I}}{\text{O} \text{O}}$	011.	

Page 2 of 2

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HZTEC ROOFING LUC Name of Limited Liability Company	; . ; ; ;
The enclosed Articles of Amendment and fee(s) are submitted for filing.	(1) (1)
Please return all correspondence concerning this matter to the following:	
Brittany Davenpert Name of Person	
Davpro Firm/Company	
7334 13th Ave N	
OL Datarol Cl 22010	• •
St Petersburg 1 L 33110 City/State and Zip Code E-mail address: (to be used for future annual report notification)	- (1 - (1 + 4 -))
For further information concerning this matter, please call:	1
Prittuny Davenport at 727, 470-5304	
Name of Person Area Code & Daytime Telephone Number	a
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certifie	ling Fee, ate of Status & d Copy ' ' nal 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