Lloopootoas

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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05/29/12--01027--025 **25.00

12 HAY 29 AH II: 31

B. BOSTICK
MAY **31** 2012

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|--|---|---|----------------------------|--|----------------------|
| SUBJECT: | Platinum Ro | ofing of NW FL LL | С | | |
| | | ted Liability Company | | | |
| | Amendment and fee(s) are sultondence concerning this matter | _ | | | |
| | | Khader Daoud | | _ | |
| Name of Person | | | | | |
| | | | | | |
| Platinum Roofing of NW FL LLC Firm/Company | | | | | |
| 102 W Edney Ave | | | | | |
| Address | | | | | |
| | _ | | | | |
| | | | | | |
| | · 12 | | | | |
| For further information | concerning this matter, please of | to be used for future annual rep call: | , | | 5.00 5.00 6.00 |
| KI | nader Daoud | at (_850_) | 689-0098 | | <u>.</u> |
| Name (| of Person | | L Daytime Telephone Number | HAY 29 AH II: 31 | |
| Enclosed is a check for t | the following amount: | | | 1> | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is e | enclosed) Certifie | Tiling Fee, cate of Status & ed Copy conal copy is enclose | :d) |
| MAII | JNG ADDRESS: | STREET/0 | COURIER ADDRESS: | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Platinum Roofii | ng of NW FL L | LC | | |
|---|---|-------------------------|--|---------------------------------------|
| (Name of the Limited Liability Com (A Florida Limited | pany as it now appea d Liability Company) | rs on our records.) | | |
| ne Articles of Organization for this Limited Liability Company were filed on07/02/2010 and a | | | | |
| Florida document numberL1000070231 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited list | ability company her | <u>re</u> : | | |
| | /A | | | |
| The new name must be distinguishable and end with the words "Li "L.L.C." | mited Liability Compa | any," the designation " | LLC" or the | e abbreviation |
| Enter new principal offices address, if applicable: | N/A | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | ************************************** | |
| | | | | ; |
| | | | 5 - < | : *: |
| Enter new mailing address, if applicable: | N/A | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | m _m z | \$: . |
| | | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | our records, enter | the name | of the nev |
| | | | | |
| Name of New Registered Agent: N/A | | | | |
| New Registered Office Address: | ·· | | | |
| | En | iter Florida street ad | dress | |
| | | , Florida | | |
| | City | | 12 IIAY 29 MI II: 31 ST ST Ename of | de |

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.

Ÿ 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: MGR = Manager MGRM = Managing Member <u>Title</u> Name **Address Type of Action MGRM** Shirley Cox 102 W Edney Ave Crestview, Florida 32536 Add Remove ☐ Add ☐ Remove _ ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ March 23 2012 Signature of a member or authorized representative of a member Khader Daoud Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00