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Office Use Only



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DEC 08 2017 Y SULKER Southeast General Services, LLC
2199 Fairbanks Ferry Road
Havana, FL 32333
(850) 510-6241

December 05, 2017

To whom it may concern,

I am filing this amendment to change our business name only. If possible, I would like to keep the same document number. All other information will remain the same.

Thank you

Laurie Robinson

COVER LETTER

| Div | ision of Corp | porations | | |
|----------------|-----------------|--|---|--|
| - SUBJECT: | Southeast G | eneral Services, LLC | | |
| | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspor | ndence concerning this matter | to the following: | |
| | | Laurie Robinson | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 2199 Fairbanks Ferry Road | i | |
| | | | Address | |
| | | Havana, FL 32333 | | |
| | | atatalinaraa fa@amail.aam | City/State and Zip Code | |
| | | statelineroofs@gmail.com | to be used for future annual report notific | cation) |
| For further in | nformation co | oncerning this matter, please ca | · | , |
| Laurie Robii | nson | | 850 510-6241 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a | a check for th | e following amount: | | |
| □ \$25.00 F | filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO: Registration Section

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

| | General Services, "LLC" | | | |
|--|---|---------------------------|--|--|
| (Name of the Limited Li (A F | ability Company as it now appears on our records.) orida Limited Liability Company) | | | |
| The Articles of Organization for this Limited Liabili Florida document number L11000113509 | ty Company were filed on 10/04/2011 | and assigned | | |
| This amendment is submitted to amend the followin | g: | | | |
| A. If amending name, enter the new name of the | limited liability company here: | | | |
| StateLine Roofing and Construction, "LLC" | | | | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable | | | | |
| (Principal office address MUST BE A STREET A) | DDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u></u> | <u> </u> | | |
| | | 4 | | |
| | | | | |
| B. If amending the registered agent and/or r | | nter the name of the new | | |
| registered agent and/or the new registered office | address here: | | | |
| Name of New Pagistand Agents | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | Enter Florida street address | | | |
| | , Floric | laZip Code | | |
| | City | est 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

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 = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|--------------|----------------|
| <u>Title</u> · | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the | e must be specific and cann is block does not meet t | he applicable statu | iling or more than 90 da | (optional) ys after filing.) Pursuant to ts, this date will not be | o 605.0207 (e listed as tl |
| the record specifies a dela) The 90th day after the | ayed effective date record is filed. | , but not an eff | ective time, at 12 | 2:01 a.m. on the e | arlier of: |
| _ December 04 | 20 | 017 | | | |
| Dated | 7 17 | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00