L11000136217

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,
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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE		lding Services, LLC.				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspe	ondence concerning this matter	to the following:			
		Charles R Grindrod				
		Native Building Services,	Name of Person LLC.			
		1713 Kennedy Point Suite	Firm/Company 1043			
		Oviedo, Florida 32732	Address			
		City/State and Zip Code Charlie@nbsroof.com				
		E-mail address: (to be used for future annual report not	tification)		
For furth	ier information c	oncerning this matter, please co	ill:			
Charles	R Grindrod		407 435-5675			
_	Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed	d is a check for th	ne following amount:				
□ \$25.	00 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)		
		ING ADDRESS:	STREET/COUR Registration Secti			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Native Building Services, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number ____L11000136217 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Native Building Services & Roofing, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) (1) B. If amending the registered agent and/or registered office address on our records, enten-the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address _. Florida __ City

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	08-27-2019			
Effective date, if other than the fran effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applica	to date of filing or more thable statutory filing requ	(optional) an 90 days after filing.) Pursuant to o irrements, this date will not be l	605.0207 (isted as t
ne record specifies a delayed The 90th day after the rec		an effective time,	at 12:01 a.m. on the ea	rlier of:
August 27 Dated	2019			
	·	<u> </u>		
	1 _			
Ce	Signature of a member or autho	rized representative of a n	nember	

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Filing Fee: \$25.00