## L12000024131

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( <i>(</i>	Address)			
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3)	Business Entity Name)	<del>.</del> .		
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## **COVER LETTER**

TO: Registration Sect. Division of Corpo							
	Metal Ro	ofing Sales, LLc					
SUBJECT:		ited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspond	lence concerning this matter	to the following:					
	Frai	ncis X. J. Lynch, Esquire					
		Name of Person					
	Breton, Lynch	n, Eubanks & Suarez-Murias	, P.A.				
Firm/Company							
1209 North Olive Avenue							
	12	Address					
West Palm Beach, FL 33401  City/State and Zip Code							
	dsmit	thre:gdcinc@comcast.net					
	E-mail address: (	to be used for future annual report notification	ation)				
For further information con	cerning this matter, please o	call:					
F	- V . I . I I-	504	04.4004				
Name of P	s X. J. Lynch	at ( 561 ) 7  Area Code & Daytime 7	21-4004 Telephone Number				
Name of t	0.3011	mou code a bujumo	rotephone (value)				
Enclosed is a check for the	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)				
	G ADDRESS:	STREET/COURIE Registration Section					

Registration Section
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 ARTICLES OF ORGANIZATION OF

FILED 12 SEP 27 AM II: 09

M	etal Roofing Sales, LLC	SE@ FALL	RETARY OF STATE AMASSEE, FLORIDA	
(Name of the Limited)	Liability Company as It now appears Florida Limited Liability Company)	on our records.)	THE PROPERTY OF THE PARTY OF TH	
The Articles of Organization for this Limited Lis Florida document numberL12000024	• • • • • • • • • • • • • • • • • • • •	02/20/2012	and assigned	
This amendment is submitted to amend the follo	•	· ·		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	y," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
		- <del> </del>	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>			
B. If amending the registered agent and/oregistered agent and/or the new registered off		r records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	William B. Garrison, Sr.			
New Registered Office Address:	5164 Woodlane Circle	·		
•	Enter Florida street address			
	Tallahassee	, Florida	32303	
	City		Zip Code	
New Registered Agent's Signature, if changing R	egistered 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.

If Changing Registered Agent, Signature of New Registered Agent William B. Garrison, Sr.

Page 1 of 2

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:

	Manager = Managing Member			
Title	<u>Name</u>		Address	Type of Action
MGRM	William B. Ga	arrison, Jr.	5164 Woodlane Circle Tallahassee, FL 32303	Add   Remove
<u>MGRM</u>	Charles M. G	arrison	5164 Woodlane Circle Tallahassee, FL 32303	Add  Remove
MGR	William B. Ga	arrison, Sr.	5164 Woodlane Circle Tallahassee, FL 32303	Add Remove
	<u> </u>			Add Remove
	-			Add Remove
				Add Remove
D. If am	ending any other infor	mation, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
				<u> </u>
		-		<del>-</del>
Dated	September 20		012	
		_	er or authorized representative of a member	
	Wil	lliam B. Garria	son, Sr. d or printed name of signee	
		1 ype	o or brunco name or signee	

Page 2 of 2

Filing Fee: \$25.00