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APR **- 6** 2012

EXAMINER

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COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: <u>PARKER ROOFING & SOFFIT</u> , LLC Name of 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:				
ROBERT H, PARKER				
Name of Person PARKER ROOFING & SOFFIT, LLC Firm/Company				
6125 WHIP-O-WILL LANE Address				
ST. CLOUD, FL 34771 City/State and Zip Code				
NLPARKER @CENTURYLINK. NET E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
NEENA PARKER #1,407,973-1938				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount: Statute of Status Certificate of Status (additional copy is enclosed) Enclosed is a check for the following amount: S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES	OF AMENDMENT TO
ADTICI ES (OF ORGANIZATION
ARTICLES (OF
. PARKER ROOFING	A & SOFFIT LLC
	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on $3/14/2012$ and assigned
Florida document number $L 120003657$	15 / /
	-
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limite	ed liability company here:
	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation
\mathbf{X}	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
\mathbf{X}	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
4	<u>ل</u> ب <u>س</u>
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on our records, <u>enter the mame of the new</u>
registered agent and/or the new registered once addre	<u>Samere</u> .
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u></u>	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:
	\mathbf{X}

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

Page 1 of 2

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

MGR = Manager MGRM = Managing Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	BARRY L. PA	<u>RKER 2591 VERMONT</u> <u>MELDOURNE, FL</u>	/ H p		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, i	if necessary.)		
	4/3/2012				
Dated	Robert	H Parkee a member or authorized representative of a member	r		
	ROBERT	H, PARKER Typed or printed name of signee			
Page 2 of 2					

Filing Fee: \$25.00