

L12 00000 93615

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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

2021 MAY -6 PM 2:44

JUN 19 2021
S. PRATHER

TO: Registration Section
Division of Corporations

SUBJECT: Certified Roofing 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:

Shawn Callahan
Name of Person

Certified Roofing LLC
Firm/Company

4490 Vancouver Ave
Address

Orlando, FL 32926
City/State and Zip Code

certifiedroofingfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Callahan at (321) 308-8946 / 321-634-4684
Name of Person Area Code Daytime Telephone Number

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)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION
OF**

Certified Roofing LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 MAY -6 PM 2:44
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/14/12

Florida document number L12000093615

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

4490 Vancouver Ave
Cocoa FL 32926

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Christine Callahan

New Registered Office Address:

4490 Vancouver Ave

Enter Florida street address

Cocoa

City

Florida

32926

Zip 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.

Callahan

If Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

Type of Action

~~Add~~

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.