# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 : (813)932-5244 Phone Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@ACTIVATEMYLICENSE.COM

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R & J GENERAL CONTRACTING & ROOFING, LLC

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P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## TO ARTICLES OF ORGANIZATION OF

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R & J GENERAL CONTRACTING & ROC (Name of the Limited Liability Compa (A Florida Limited L	OFING, LLC  ny as it now appears on our records.)	<del></del>
(A Florida Limited t	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 8/6/2012	and assigned
Florida document numberL12000101374	:	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		5. 0
Enter new mailing address, if applicable:		∾ -
(Mailing address MAY BE A POST OFFICE BOX)		6
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new register
agent and/or the new registered office address here:	<i>t</i>	
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
	Floric	
	City	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.

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### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>		Name	Address	Type of Action
MBR		DEAN C FAGOT	10306 WILLOW RIDGE LOOP	BAdd
			ORLANDO, FL 32825	□Remove
				□Change
MBR		STEPHEN J CURRIE	645 CHATHAM WALK DR	<b>■</b> Add
	-		RUSKIN FL 33570	Remove
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· To:

Fax: (850) 617-6383

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