Division of Corporations Electronic Filing Cover Sheet

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(((H13000051513 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROBINSON ACCOUNTING SERVICE

Account Number : 120030000126 Phone : (850)769-2331

Fax Number

: (850)769-0269

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

EMALL	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JERRY WILSON ROOFING, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

EXAMINER

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Corporate Filing Menu

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ROBINSON ACCOUNTING

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Fax Audit No; (((H13000051513 3)))

SECRETARY OF STATE DIVISION OF CORE OF ATTOMS

ARTICLES OF AMENDMENT TO 2019 HAR -5 AH 8: 46 ARTICLES OF ORGANIZATION OF

-	City	Zip Code		
		, Florida		
New Registered Office Address:	Enter Florida street address			
Name of New Registered Agent:				
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r records, enter the name of the new		
(Mailing address MAY BE A POST OFFICE BOX	1			
Enter new mailing address, if applicable:				
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new principal offices address, if applicable:				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	," the designation "LLC" or the abbreviation		
A. If amending name, enter the new name of the	limited liability company here:			
This amendment is submitted to amend the following	; :			
Florida document number L12000108753	,			
The Articles of Organization for this Limited Liabilit	y Company were filed on Augu	ist 23, 2012 and assigned		
(A Flori	ility Company as it now appears da Limited Liability Company)	7 001 5 5501 03.7		
	WILSON ROOFING, LLC			

ICDDV/WILDON DOOCING TLO

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 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

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MGR = Manager

ROBINSON ACCOUNTING

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Fax Audit No: (((H13000051513 3)))

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SECRETARY OF STATE

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

2019 MAR -5 AM 8: 46

MGRM = Managing Member Title. <u>Name</u> Address Type of Action 3116 G STREET MGR JONATHAN C. WILSON PANAMA CITY, FL 32404

03/05/2013 1	4:52	8507690269		ROBINSON ACCOUN		PAGE	04/04
Fax Audit No: (()		,			FIL SECRETARY DIVISION OF C	EU (OF STATE CRPORATION	;*
D. If amendin	g any oth	er information, e	iter change(s) he	re: (Attach additional	sheets if pegestary	AM 8: 46	
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	·	··· <u>·</u> -	<u> </u>			_	
							
Dated Marc	h 5		2013,)			
		1/m	Clather	2			
_		C. Steelings of	JERRY C	orized representative of C. WILSON	a member		
				ed name of signee e 3 of 3			

Filing Fee: \$25.00