

## Division of Corporations

Page 1 of 2

**L12000168753**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000112133 3)))



H15000112133ABCR

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : ROBINSON ACCOUNTING SERVICE  
Account Number : I20030000126  
Phone : (850) 769-2331  
Fax Number : (850) 769-0269

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 MAY - 7 AM 9:04

FILED

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

Email Address: \_\_\_\_\_

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

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

RECEIVED  
15 MAY - 7 AM 10:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

MAY 08 2015  
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit No: (((H15000112133 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JERRY WILSON ROOFING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/23/2012 and assigned  
Florida document number L12000108753

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)

1705 ALABAMA AVE.

LYNN HAVEN, FL 32444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1705 ALABAMA AVE.

LYNN HAVEN, FL 32444

**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:

JONATHAN C WILSON

New Registered Office Address:

1705 ALABAMA AVE.

Enter Florida street address

LYNN HAVEN

Florida 32444

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.

If Changing Registered Agent, Signature of New Registered Agent

Fax Audit No: (((H15000112133 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	JONATHAN C WILSON	1705 ALABAMA AVE.	<input type="checkbox"/> Add
		LYNN HAVEN, FL 32444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JERRY C WILSON	1705 ALABAMA AVE.	<input type="checkbox"/> Add
		LYNN HAVEN, FL 32444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 MAY -7 AM 0:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

Fax\_Audit No: (((H15000112133 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2015 MAY -7 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 5/7/2015 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

**Dated**

5-7-15

Signature of a member or authorized representative of a member

JERRY C WILSON

Typed or printed name of signee