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Certificates of	Status	
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

TB Roofing & Construction 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:

Lincoln Sziranko

Name of Person

TB Roofing & Construction LLC

Firm/Company

13785 Walsingham Rd #147

Address

Largo, FL 33774

City/State and Zip Code

Lincoln@tbroofing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lincoln Sziranko

, 727 **, 735-295**1

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)

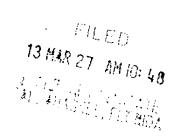
☐\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TB Roofing & Construction LLC

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

00/04/0040

The Articles of Organization for this Limited Liabili	ty Company were filed on UZ/Z1/2	2013 and assigned
Florida document number L13000027435	<u> </u>	
This amendment is submitted to amend the following	ā.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office :		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Flo	orida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Lincoln Sziranko	12125 145th Lane N	Add
		Largo, FL 33774	Remove
			Remove
<del></del>			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
Dated 03/26	_, <u>2013</u>
Signature	of a member or authorized representative of a member
Lincoln Sziranko	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00