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TO: Registration Section Division of Corporations	
SUBJECT: Watkins Construction and Roofing 2,4.C. 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:	
Mark Walkins Name of Person Walkins Construction and Rasking L.L.C. Firm/Company	
Watking Construction and Roofing L.L.C. Firm/Company	
PO BOX 831	
Address	
Bonifay F1 32425 City/State and Zip Code	
Tech you & yahoo. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mark Watkins at (850) 415-0857 Name of Person Area Code & Daytime Telephone Number	
ASECARE AREARE	CONTRACT OF STREET
· · · · · · · · · · · · · · · · · · ·	CONTRACTOR
\$25.00 Filing Fee \$\ S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability	ty Company as it now appears on a Limited Liability Company)	our records.)
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	5/2013 and assigned
Florida document number \(\lambda \) 13 \(\cdot 0003 9674 \)	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," (he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD	DRESS)	77
		<u> </u>
Enter new mailing address, if applicable:		SS
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ecords, enter the name of the nev
registered agent and/or the new registered office ad	iuress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		, Florida
•	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 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 Gary Ferry MGRM Remove ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Mark Watkins
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00