13000049353

(Requi	estor's Name)	
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(City/S	itate/Zip/Phon	e #)
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(Docu	ment Number)	
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APR 1 \$ 2013 T. HAMPTON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: AP	CHITECTURE Name of Limite	ed Liability Company	& ROOFING LLC
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	PRIS	ciua Jori	MARK
	^	Name of Person	0
	ARCHITECT	URAL CLADDIN	is & KOOFING UC
		Firm/Company	~
		PER COMMERCE	E Deive
	<u> </u>	Address	EUVE
	APOPK	A FLORIDA	
	حاجيد:	City/State and Zip Code	+ 4 11
	E-mail address: (to	be used for future annual report notification	ter-1/c.com
For further information co	incerning this matter, please ca	ıll:	
P. JOK Name of	RDAAN	at (406 – 461 Area Code & Daytime Te	1— 7C7C lephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,
A \$25.00 Filling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ 1300004935 Florida document number L 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 end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgem	PHILLP KLOTE	516 GOOPER COMMER	∠E X Add
		516 GOOPER GOMMER DRIVE, APOPKA, FL	Remove
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			NVISIONAL 13 PPB
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. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	MM
	Signature of a member or authorized representative of a member
	(/ PHUP KLOTE
	Typed or printed name of signee
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Page 3 of 3

Filing Fee: \$25.00

DIVISION OF CORPORATIONS