# #L/3000076302

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K.SALY EXAMINER

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

# K & L LATHING AND ROOFING, 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:

GARY M. LUSK

Name of Person

K&LLATHING, LLC

Firm/Company

P.O. BOX 42

Address

PALATKA, FL 32178-0042

City/State and Zip Code

cannontebby@aol.com

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

For further information concerning this matter, please call:

Gary M. Lusk

386, 205-1959

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)

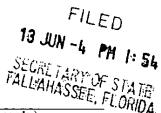
□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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



## K & L LATHING AND ROOFING, LLC

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

(A Florida Limited Liability Company)

(A Florida Limited I	Liability Company	)	
The Articles of Organization for this Limited Liability Company Florida document numberL13000076302	were filed on	05/24/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
K & L LATHING, LLC			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Com	pany," the designation "Ll	.C" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	P.O. BOX 4	12	
(Mailing address MAY BE A POST OFFICE BOX)	_	FL 32178-0042	<u>.                                    </u>
B. If amending the registered agent and/or registered of	ffice address on		e name of the nev
registered agent and/or the new registered office address her	<u>·e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	H	Enter Florida street addr	ess
<del></del>		, 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, <u>enter the title, name, 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	
			Add	
	·		Remove	
			Remove	
			_	
	· · · · · · · · · · · · · · · · · · ·		Add	
			Remove	
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). If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
May 30	, 2013
	Hems & And
Gar	y M. Lusk
<del></del>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00