

From: Robin O'Connor

Fax: (866) 3-0571

To: (850) 617-6383

Fax: (850) 617-6383

Date: 12/04/2013 1:04

L13000085851

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LICENSE EXAM SERVICES

Account Number : 120120000042

Phone : (941) 706-2336

Fax Number : (866) 473-0571

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

Email Address: robin@needfloridalicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

METZ ROOFING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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2013 DEC -4 AM 8:08

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffman

DEC - 5 2013



December 4, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

METZ ROOFING, LLC
1616 GULF TO BAY BLVD.
CLEARWATER, FL 33755

SUBJECT: METZ ROOFING, LLC
REF: L13000085851

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is 562443, METZ BUILDERS, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H13000264283
Letter Number: 713A00027600

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: METZ 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:

ROBIN OCONNOR

Name of Person

LICENSE EXAM SERVICES, LLC

Firm/Company

4713 WEBBER ST

Address

SARASOTA, FL 34232

City/State and Zip Code

ROBIN@NEEDFLORIDALICENSE.COM

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

For further information concerning this matter, please call.

ROBIN OCONNOR

Name of Person

941 706-2336

at

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

FILED
2013 DEC -4 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

METZ Roofing L.L.C.

(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 6/13/2013 and assigned
Florida document number L13000085851

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:
BUILT BY METZ, LLC

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

Florida

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

Title	Name	Address	Type of Action
MGRM	JOSE VASQUEZ	16116 Gulf To Bay Blvd CLEARWATER, FL 33755	☐ Add ☒ Remove
MGRM	DAVID EMMONS	16116 Gulf To Bay Blvd CLEARWATER, FL 33755	☒ Add ☐ Remove
MGRM	GENE EVANS	16116 Gulf To Bay Blvd CLEARWATER, FL 33755	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated

11/1/13

2013

Signature of a member or authorized representative of a member

Richard Metz

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA