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D. SCOTT JAN 9 2010

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: HU	ngry Roofer,	S LLC. lited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	John	Longenec/Ler Name of Person		
		Firm/Company		
	- 4 Su	camore St.		
	Flagler Be	ach F1. 32136 City/Slate and Zip Code		
	hunary ( E-mailaidres)	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please co	all:		
John C	or Cathi	at ( <u>386) 51,9 - 5</u> Area Code Daytimo	Telephone Number	ヿ
Enclosed is a check for the	he following amount:		JAN -8	一一
SI \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing FeeD Certificate of Status & Certified Copy (additional Copy is enclosed)	O
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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

Hunary	RoofersLLC	
(Name of the Limited	Liability Company as it now appears on our records. Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L13D00095</u>		5/13 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the	Photographers IIC.	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		200 m
New Registered Office Address:	Enter Florida street address	THE DO
	. Flor	23 07000
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> **Type of Action Address** \_□ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change \_□ Add \_□ Remove ☐ Change Remove □ Ohange <u>::</u> □ ∑3d ☐ Remove

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Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be properties. If the date inserted in this block does not meet the approperties of State's record document's effective date on the Department of State's record.	olicable statutory filing requ	(optional) n 90 days after filing.) Pu irements, this date wil	irsuant to 605.020 I not be listed a:
ne record specifies a delayed effective date, but a The 90th day after the record is filed.	not an effective time,	at 12:01 a.m. on	the earlier o
Dated 1-5 . 2018	<u>3</u> .		
Signature of a merilber or au	uthorized representative of a m	ember	<del></del>
Tal. /	naenecker integname of signee		

Page 3 of 3

Filing Fee: \$25.00