

L140000000200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

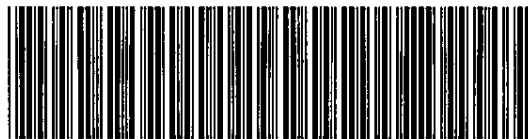
(Business Entity Name)

(Document Number)

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14 JAN 10 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 17 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roll-A-cover, IntL, 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:

Michael P. Morris
Name of Person
Roll-A-cover, IntL, LLC
Firm/Company
5807 Caymus Loop
Address
Windermere, Fla 34786
City/State and Zip Code
Mike @ Rollacover.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Morris at 203, 668-8830
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

Please see check #184

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
14 JAN 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roll-A-over, Intl, LLC
(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 1/02/2014 and assigned
Florida document number L14000000200

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

_____, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> Remove

AMBR	Rennis Martens	36 Sargent Drive	<input checked="" type="checkbox"/> Add
		Bethany, Ct 06524	<input type="checkbox"/> Remove

AMBR	Keron Taylor	36 Sargent Drive	<input checked="" type="checkbox"/> Add
		Bethany, Ct 06524	<input type="checkbox"/> Remove

<u>MGRM</u>	Rennis Martens	36 Sargent Drive	<input type="checkbox"/> Add
		Bethany, Ct 06524	<input checked="" type="checkbox"/> Remove

<u>MGRM</u>	Keron Taylor	36 Sargent Drive	<input type="checkbox"/> Add
		Bethany, Ct 06524	<input checked="" type="checkbox"/> Remove

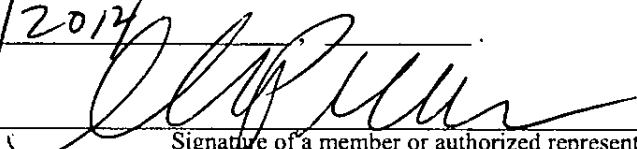
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 1/8/2014



Signature of a member or authorized representative of a member
Michael P. Morris — MGR

Typed or printed name of signee

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Filing Fee: \$25.00