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TO:	Registration Se Division of Cor	ection porations		
SURI	Nationwide	Roofing Contractors, LLC	<i>₹</i>	· ·
5020		Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	ereturn all correspo	ondence concerning this matter	to the following:	
		Warren S. Worthington		
			Name of Person	
		PKW Holdings, LLC		
			Firm/Company	
		395 Commercial Ct. A-2		
			Address	
		Venice, FL 34292		
			City/State and Zip Code	
		mike@phillipscontractingin		
		E-mail address: (1	to be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
Mike	Worthington		941 724-0029 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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

Nationwide Roofing Contractors, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our nited Liability Company)	records.)
he Articles of Organization for this Limited Liability Comp		
lorida document number £14000014932	000041931	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	I liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	a "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>s</u>	
	<u> </u>	
		[] S
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		25 SSE
		<u> </u>
. If amending the registered agent and/or registere		5 5 C
 If amending the registered agent and/or registeregistered agent and/or the new registered office address 	ed office address on our ro s here:	ecords, enter the name of the
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	Ci.	, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John Wayne Wiggins		Add
		260 W. Van Fleet Dr. # 56, Bartow	■ Remove
			Change
			Add
			□ Remove
			☐ Change
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			Remove 55
			ASSEE FLORA
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				TATE ORNO	ε 3	_
fective date, if other than the d	ate of filing:		(option	T-	7	
n effective date is listed, the date must bete: If the date inserted in this bloccument's effective date on the Dep	k does not meet the ap	plicable statutory f				
record specifies a delayed The 90th day after the reco		not an effectiv	e time, at 12:01 a.	m. on the	e earli	ier (
ted September 24	2015	·				
Arosu	ignature of a member or a					
S	ignature of a member or a	uthorized representa	tive of a member			

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Filing Fee: \$25.00