114000084655

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2011FEB -9 PM 3: 33

SECRETARY OF STATE

K. SALY FEB 1 0 2017

го:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please 1	return all correspondence concerning this matter to the following:	
	ALI KAZANEH	
	ALI KAZANEH Name of Person	
	Firm/Company	
	4815 NW 22 nd Place. Address	
	Coconut Creek, FL 33063 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	ALI KAZANEH at (407) 873 - 4386 Name of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
□ \$ 25	5.00 Filing Fee Certificate of Status 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 ORGANIZATION OF

	KGANIZATION	/2
OH	7	F/I
4.00		2017FEB-9 PM
ACCESS CAR RE (Name of the Limited Liability Compan	NTAL , LLC vas it now appears on our records.)	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	ALLAHARYON
The Articles of Organization for this Limited Liability Company v	vere filed on $5/27/2$	014 and assigned of
lorida document number <u>L 14 0000 84655</u> .	•	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
COMPASS ROOFING,	LLC	
he new name must be distinguishable and contain the words "Limited Liabilit	y 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)	No change	(N/A)
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	No Change	-(N/A)
		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered off		enter the name of the ne
egistered agent and/or the new registered office address here		
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A Enter Florida street address	
	, Floric	ła
	City	Zip Code
lew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree	e to act in this capacity. I furthe	er agree to comply with th
rovisions of all statutes relative to the proper and complete p	• •	-
ccept the obligations of my position as registered agent as precing filed to merely reflect a change in the registered office a		

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager FILED AMBR = Authorized Member 2017 FEB -9 PH 3: 33 <u>Address</u> **Name Type of Action** <u>Title</u> □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

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•	
	2017 FEB -9 PM 3-33 TALLAHASSEE, FLORIDA
	i LED
	201/FEB-9 PM.3
	TALLAU JARY OF OF
	TAMASSEE, FLORIDA
an ei	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	February 6th, 2017
	Signature of a member or authorized representative of a member
	organista of a manager of processing to the manager

Page 3 of 3

Filing Fee: \$25.00