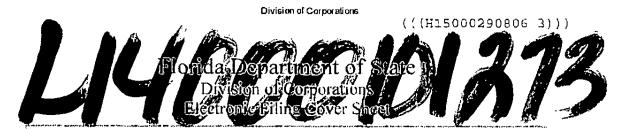
12/9/2015



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002908063)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : I20070000159 Phone : (239)777-1028

Fax Number : (877)275-3593

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

Email Address: ETC@LICENSESETC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL COAST CERTIFIED ROOFING LLC

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

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(((H15000290806 3)))

COVER LETTER

T	O: Registration Se Division of Cor				
SI	UBJECT: ALI	L COAST CERTIFIED	ROOFING LLC		
		Name of Lim	nited Liability Company		
Ti	ne enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
ы	ease return all correspo	ondence concerning this matter	to the following:		
		SEAN DINNEEN	Name of Person		
		LICENSES, ETC,	INC. Firm/Company		
		886 110TH AVE N	SUITE 6		
			Address	翠	(a 23
		NAPLES, FL 3410	8		6 8 5
			City/State and Zip Code	正: 注:-	DEC DEC
		ETC@LICENSES	ETC.COM		D 1 grad
		E-mail addiess: (to be used for future annual re	port noulication)	ر م ا
Fo	or further information c	oncerning this matter, please of	all:		
	SEAN DINNEEN		st (<u>239</u>)	表 592-4381 ラデ	<u></u>
	Name o	d'Person	Area Code	Daytime Telephone Number	
Er	nclosed is a check for th	ne following amount:			
Ø	\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy	☐ \$60 00 Filing Certificate o	

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

(additional copy is enclosed)

Certified Copy

(ndditional copy is enclosed)

ARTICLES OF AMENDMENT ((H15000290806 3))) TO ARTICLES OF ORGANIZATION OF

ALL COAST CERTIFIED ROO Natur of the Limited Liability (PFING LLC Company as it now appears on our reco mited Liability Company)	rds.)
(A Florida Li	mited Linbility Company)	 -
The Articles of Organization for this Limited Liability Con-	pany were filed on 06/24/2014	and assigned
Florida document number <u>L14000101273</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Commany " that being ation "! I	C" or the abbouriation "I I C"
-	a Liabiniy Company, intenesignation all	c. of the approximation E.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		
Enter new mailing address, if applicable:		(A)>
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
		25 A
B. If amending the registered agent and/or register	ed office address on our recor	ds, enter the name of the ne
registered agent and/or the new registered office addres		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	,1	Florida
	City	Zip Cock
Nam Darktonal tount's Signature of abancing Darktonal A	conti	

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

Page I of 3

. . . .

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H15000290806 3)))

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	STEPHEN RAGAS	627 DIANE DRIVE	
		MELBOURNE, FL 32935	⊠ Remove
			☐ Change
AMBR_	DAVID CONNER.	4050 E RAILROAD AVE	⊠ Add
		COCOA, FL 32926	□ Remove
			☐ Change
			Add
			Remove
			Change
<u> </u>		<u> </u>	
		LORE AND	물 기
		ASSET FLORDA	Change
			Add O
			□ Remove
			Change
			□ Add
			Remove
			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets.	(((H15000	290806	3))
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			-
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 de Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's diffective date on the Department of State's records	_ (optional) axs after filing.) Pu nts, this date will	rsuant to 602 not be list	5,0207 (3) .ed as the
the record specifies a delayed effective date, but not an effective time, at 1: The 90th day after the record is filed.	2:01 a.ni. on	the earli	er of:
Dated DECEMBER 9 , 2015 Signature of a member or authorized representative of a member			
BRANDON L HENNES - AMBR Typed or printed name of signee		he his selectivity as an	

Page 3 of 3

Filing Fee: \$25.00