## 114000153858

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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## **COVER LETTER**

Division of Co	rporations		
eun icer	PINAMONTI ROOFING	GLLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Brian K Pinamonti		
		Name of Person	
	PINAMONTI ROOFING I	LC	
		Firm/Company	
	4215 East Bay Drive #1505	БН	
	<del></del>	Address	<del></del>
	Clearwater, FL 33764		
	<del></del>	City/State and Zip Code	<del></del>
	PINAMONTIROOFING@C		
	E-mail address: (t	o be used for future annual report notific	cation)
For further information	concerning this matter, please ca	11:	
Brian Pinamonti		727 688-1545 at ( )	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S \$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:

TO:

Registration Section

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

PINAMONTI ROOFING LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	$\overline{\Omega}$
The Articles of Organization for this Limited Liability Company Florida document number L14000153858	y were filed on Apr 26, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ilin Company" the decignation "LLC"	"or the abbriviation "1.1.0"
the fier mane mass the distinguishable and comman the words. Ellined that	my company, the designation DEC	Fig. 5
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		_E1
		<u> </u>
		9. I
Enter new mailing address, if applicable:		0 F
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our records	, enter the name of the r
egistered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
of the Tradeog.	Enter Florida street address	5
	. Flo	orida
	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	ALEXANDER PINAMONTI	3488 Begonia Place, Largo FL 337	
			□ Remove
			Change
<del></del>			🗖 Add
		<del> </del>	□ Remove
			Change
		<del></del>	
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			Change
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Tective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to dat ote: If the date inserted in this block does not meet the applicable s	e of filing or more than 90 days after filing.) Pursuant to 605.020
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
NOV 15 2017	
6[]	
1/201/1-	representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00