Division of Corporations Electronic Filing Cover Sheet

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(((H140002428113)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone : (407)932-0040

Fax Number : (407)520-5473

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

Email	Address:	 			

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Electronic Filing Menu Corporate Filing (Menu)

Help

T. HAMPTON

COVER LETTER

	AE CERTIFIED RO	OFING & CONSTRUCTIO	N LLC		
UBJECT;	Name of Lim	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
lease return all corres	pondence concerning this matter	to the following:			
		MARCO PEREZ			
		Name of Person			
	AE CERTIFIED	ROOFING & CONSTRUCT	TION LLC		
	Firm/Company				
	349	1 PALL MALL DR. 119			
	,	Address			
	JAC	KSONVILLE, FL 32257			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	ficution)		
or further information	n concerning this matter, please of	all:			
MARC	O PEREZ	386	445-8424 e Telephone Number		
Nam	e of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional cupy is enclosed)	S60.00 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**

H14000242811 3

	FING & CONSTRU		
(Name of the Limited Lab! (A Florid	lity Company as it now app de Lunited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL14000156462			ALL Cand assigned
Florida document number	····		弱。
This amendment is submitted to amend the following:			SFER E
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :	7: 27 STATE
The new name must be distinguishable and end with the words "L	imited 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 ADD	RESS		M.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		on our records, er	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter)	Florida street address	
		Ter and a	_
	City	, Florid:	Zip Code
New Registered Agent's Signature, if changing Registere	ed 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 heing 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 1 of 3

$\frac{\text{Authorized}}{\text{MGR} = M}$ $\frac{\text{AMBR} = A}{\text{AMBR}} = A$	H140002428113		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ROBERT C. RUSSELL	9617 SCOTT MILL RD.	■ Add
		JACKSONVILLE, FL 32257	□ Remove
			Remove
			□ Add
-			SECRETARY OF STALL AHASSEE, F
			FI ORIGINAL PROPERTY OF THE PR

10/16/2014 16:29

2005

D. If ame	nding any other information	enter change(s) here: (Attack	n additional sheets, if necessary.	, H14000Z4Z811 3
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	ve date, if other than the date crive date must be specific, cannot be this document is filed by the Florida	e of filing: prior to date of receipt or filed date and Department of State)	(optional) i cannot be more than 90 days after	
Dated	OCTOBER 16	2014		
		Arw Penez		·
	Sign	ature of a member or authorized repre	sentative of a member	
		MARCO PERE	Z	
		Typed or printed name of	signee	

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Filing Fee: \$25.00

