## L15000011069

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## **COVER LETTER**

	istration Sec sion of Corp			
	Layfield Pai	nting LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are subt	nitted for filing.	
		ndence concerning this matter t		
		Luther Layfield		
			Name of Person	
		Layfield Painting LLC		
			Firm/Company	
		5521 SE 2nd street		
			Address	
		Ocala, Florida 34480		<u>.</u>
			City/State and Zip Code	
		lukelaytield86@gmail.com	to be used for future annual report of	outlication)
				(Killewitzer)
For further in	iformation c	oncerning this matter, please co	all:	
Luther Layfi	ield		352 2745889 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	i check for th	ne following amount:		
□ \$25.00 F	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)
Re	iling Addres	Section	Street Address Registration	Section
Div	vision of C	Corporations	Division of C	Corporations of Tallahassee
	D. Box 632 Habassee			roe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Layfield Painting LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
lorida document number L15000011069		
his amendment is submitted to amend the following	:	
If amending name, enter the new name of the l	imited liability company here:	
ayfield Roofing and Construction LLC		
he new name must be distinguishable and contain the words "!	Limited 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 AD	DRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		1.02
3. If amending the registered agent and/or registe	red office address on our records, enter the	name of the new registe
gent and/or the new registered office address her		
Name of New Registered Agent:		至三
Manie of thew registered rigent.		06
New Registered Office Address:		
	Enter Florida street address	
	, Floric	ia
	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 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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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n effect ite:   If	e date, if other than the date of filing:	irsuant to 605,020 Il not be listed a
ecord : is tiled		0th day after the
ted	May 12 2021.  Signature of a primber or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	