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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	· •#)
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SECRETARY OF STATE

N. Cuffigan OCT 1 4 2015/

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ble Ox Roofs of Floring Limited Jability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jereny Bendukt Name of Person
Blue Ox Roofs of FL LLC Firm/Company
1502 5. W. 45 Address 1).
Plant City FL 33566 City/State and Zip Code
E-mail address: (to be used for furfic annual report notification)
For further information concerning this matter, please call:
Jerany Senor Service S
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.
2015 OCT 13 AM II: 55

Rhe Ox	Inufs W	FLARIDA	LLC	
(Name of the Limited) (A	Liability Company a Florida Limited Liab	as it now appears on ou ility Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Liabi	lity Company we	re filed on <u>Ppill</u>	6, 2015 and assigned	
	·			
This amendment is submitted to amend the following	•			
A. If amending name, enter the new name of the Court Court The new name must be distinguishable and contain the word	. 1. /	10	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e: _			
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFICE BO	<u>~~)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	records, enter the name of the n	<u>ew</u>
Name of New Registered Agent:	NK			
New Registered Office Address:	NA	Enter Florida stre	et address	
_	····		, Flo rida	
		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
UP	KAren BenDENT	1402 5. viggins 11	Add
		1402 S. viggins 11 Plant City FC 33566	Remove
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			□ Remove
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ffective date, if other than an effective date is listed, the date	must be specific and c is block does not me	cannot be prior to date o eet the applicable stat	6 2015 (of filing or more than 90 days tutory filing requirements	optional) safter filing.) Pursuant to e s, this date will not be l	605.0207 (3)(b) isted as the
				01 2 m on the ca	rlier of:
ocument's effective date on the control of the cont		ate, but not an e	ffective time, at 12:	or a.m. on the ea	THE OT
ocument's effective date on the record specifies a delation The 90th day after the		2015.	ffective time, at 12:	or a.m. on the ea	THE ST.
e record specifies a delated of the specifies and delated of the specifies of the specifi	record is filed.	2015.	ffective time, at 12:	or a.m. on the ea	

Page 3 of 3

Filing Fee: \$25.00