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SECRETARY OF STATE A

JUN 0 6 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ronnie 5 Roofing + Repair UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ronnie Edwards Name of Person
Ronnie's Roofing & Repair LLC
511 Olander St
Neptune Beach FC 3ddle City/State and Zip Code ed ward S tonda Qanail.com E-mail address: (to be used for furtire annual report notification)
the state of the s
For further information concerning this matter, please call:
Ronnie Edwards Name of Person at (904) 307-6036 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution}\$ \$\text{Certificate of Status}\$\$ \$\times \text{Solution} \text{Solution}\$ \$\text{Solution}\$ \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{Solution}\$ \$\text{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

Ronnie's Roofing,	Repair LLC
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15 0000 8574 L</u>	were filed on $5/14/15$ and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. 75° (n
(Principal office address MUST BE A STREET ADDRESS)	المناسقة الم
	Service Control of the Control of th
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
•	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
·	, FIOTIU8

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

Type of Action <u>Address</u> Title Name 9130 Spottswood Rd WAdd

Jacksonville, Fl 32208 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change _□ Add ☐ Remove ☐ Change

					
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effective date is listed, e: If the date inserte	than the date of filing the date must be specific and in this block does not be on the Department of	nd cannot be prior to meet the applica	o date of filing or mobile statutory filing	(option: ore than 90 days after fil g requirements, this d	ing.) Pursuant to 605.020
	a delayed effective r the record is filed		an effective t	ime, at 12:01 a.n	n. on the earlier o
ed	May 25	. <u>2016</u>	T)		
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Page 3 of 3

Filing Fee: \$25.00