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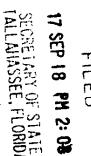
(Requestor's Name)
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S. WARREN SEP 1 9 2017

COVER LETTER

Division	ı of Corpo	rations		
SUBJECT:	INGHA	M ROOFING LLC		
		Name of Limi	ited Liability Company	
The enclosed Art	icles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return all o	correspond	lence concerning this matter t	to the following:	
		Walter H. Ingham		
			Name of Person	
		INGHAM ROOFING LLC		
			Firm/Company	
		818 Hampton Way		
			Address	
		Merritt Island, FL 32953		
			City/State and Zip Code	
		wingham001@yahoo.com		
		E-mail address: (t	to be used for future annual report notifi	ication)
For further inform	nation con	cerning this matter, please ca	ıll:	
Walter H. Inghar	m		321 258-0299 at ()	
	Name of P	erson	at () Area Code Daytime	Telephone Number
Enclosed is a che	ck for the	following amount:		
□ \$25.00 Filing	g 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)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability ((A Florida Li		
	Company as it now appears on our reco mited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Con Florida document number L15000092487	pany were filed on5/26/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	55)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		rds, enter the name of the nev
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street add	PASS
	Enter Florida street add	
		ress Florida Zip Code
	City	Florida

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
MGR	Martin Del Castillo	224 Cherie Down Ln	
		Cape Canaveral, FL 32920	Remove
			☐ Change
AMBR	Patrick L. Ingham	818 Hampton Way	
		Merritt Island, FL 32953	□ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			TRUE FILE
			STATE Danage

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			· ————————————————————————————————————
<u></u>			
effectiv <u>e:</u> If th iment':	ne date inserted in this block does s effective date on the Departmen	ic and cannot be prior to date of filing or more than 9 not meet the applicable statutory filing require t of State's records.	ments, this date will not be liste
ecord ie 90	th day after the record is fi	ve date, but not an effective time, at led.	12:01 a.m. on the earlie
d	September 14	2017	
	Wasterday Asignature	of a member of authorized representative of a mem	ber S S
	Walter H. Ingham	-	PIR
•		Typed or printed name of signee	
		n 2.22	ROJA LORA
		Page 3 of 3	

Filing Fee: \$25.00