

4150000 92487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

04/16/20--01006--009 **25.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY 11 AM 9:00
SPECIAL AGENT IN CHARGE
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2020

WALTER INGHAM
945 N. TROPICAL TRAIL
LOT 16
MERRITT ISLAND, FL 32953

SUBJECT: INGHAM ROOFING LLC.
Ref. Number: L15000092487

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 220A00008918

COVER LETTER

**TO: Registration Section
 Division of Corporations**

INGHAM ROOFING LLC.
SUBJECT: _____ 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:

WALTER INGHAM

Name of Person

INGHAM ROOFING LLC.

Firm/Company

945 N. TROPICAL TRAIL LOT 16

Address

MERRITT ISLAND FL. 32953

City/State and Zip Code

wingham001@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALTER INGHAM

321 258-0299

Name of Person

at (_____)
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INGHAM ROOFING LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05-26-2015 and assigned Florida document number L15000092487.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC 2020
AY 1
3 11
2 0
1 0
0 0 4

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____ **Florida** _____
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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 4

2020


Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

WALTER INGHAM

Typed or printed name of signee

Filing Fee: \$25.00