## L15000 125758

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2019 FEB -4 PM 6: 42

C. GOLDEN FEB 1 1 2019

## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJEC		ADJUSTABLE ROOF SYSTI	EMS, LLC	•		
SUBJEC		Name of Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		REBECCA LOVETT				
			Name of Person	· · · · ·		
		FLORIDA ADJUSTABLE	E ROOF SYSTEMS, LLC			
		Firm/Company				
		2225 HOWELL LANE				
		Address				
		MALABAR, FL 32950				
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report notifi	cation)		
For furth	er information co	oncerning this matter, please ca	all:			
REBEC	CA LOVETT		at (32/) 292-0	9397		
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne following amount:				
\$25.0	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/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

FLORIDA ADJUSTABLE ROOF SYSTEMS, LLC

2019 FEB -4 PM 6: 42

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	OF STATE		
	07/22/2015	AL HASSEE, FL		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned		
Florida document number L15000125758				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Struxure Outdoor Of The Seacoast, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or (	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
The second secon				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of	office address on our records, e	nter the name of the new		
registered agent and/or the new registered office address her	<del></del>			
Name of New Registered Agent:				
New Registered Office Address:	C. C. III.			
	Enter Florida street address			
	, Florid	<b>a</b> Zip Code		
	City	Zip Code		
	<b>B</b>			
I hereby accept the appointment as registered agent and ag	ree to act in this canacity. I furthe	r agree to comply with the		
provisions of all statutes relative to the proper and complete				
accept the obligations of my position as registered agent as				

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 = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
		-	□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Add
			Remove
			□ Change
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			Remove
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			☐ Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  ###################################	ective date, it other than the date of filing:
Dated January 3/ 2019.	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Dated January 3/ 2019.	
Dated January 31, 2019.  Ellerga Lovett	
Dated January 31, 2019  Signature of a member or authorized representative of a member	
Signature of a momber or authorized representative of a member	January 31 2019
Signature of a member or authorized representative of a member	garacione, com
Signature of a member or authorized representative of a member	
	Lebecca Lovett

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Typed or printed name of signee

Filing Fee: \$25.00