## 115000205364

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>#</del> )
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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VISION OF CORPORATIONS

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## **COVER LETTER**

Divi	sion of Corp	orations		
SUBJECT:	Brother's Ro	ofing of South Florida, LLC		
Jobaca.		Name of Limi	ted Liability Company	·
The enclosed	Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Daniel C. Waldrep		
			Name of Person	<del></del>
		Brother's Roofing of South	Florida, LLC	
			Firm/Company	<del></del>
2269 S. University Drive Suite 124				
			Address	
		Davie, Fl. 33324		
			City/State and Zip Code	<del></del>
		Brothersroofingsfl@gmail.c		<del></del>
		E-mail address: (t	o be used for future annual report notific	ation)
For further in	formation co	ncerning this matter, please ca	ill:	
Daniel C. Wa	aldrep		954 909-7663 at ()	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for the	· following amount:		
■ \$25.00 Fi	iling 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

TO:

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

Brother's Roofing of South Florida, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company)	)
he Articles of Organization for this Limited Liability Company	were filed on 12/9/2015	and assigned
lorida document number 1.15000205364		
his 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 "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<b>5</b> S s
		SEC
		7 1 PE LY
nter new mailing address, if applicable:		9 CS
Mailing address MAY BE A POST OFFICE BOX)		70 P S
ranning address St. 17 DE AT OST OT FEEL DOLLY		<u> ≯</u> 5
		<del>────────────────────────────────────</del>
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		enter the name of the
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	enter r torida street address	
	Flor	
	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>	Name	Address	Type of Action
AMBR	Kenneth M. Hansley	2269 S. University Drive Suite 124	Add
		Davie, FL 33324	Remove
		<del></del>	Change
		<u> </u>	☐ Add
		<del></del>	Remove
			□ Change
			Remove
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fective date, if other to the other to the date is listed, the	date must be specific	and cannot be prior	to date of tiling or m	option (option ore than 90 days after f	nal)
te: If the date inserted in cument's effective date of				g requirements, this	date will not be listed
record specifies a c The 90th day after t	delayed effectiv he record is file	re date, but no ed.	it an effective t	me, at 12:01 a.	m. on the earlier
ted May 21		2018			
		_,	7		

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Typed or printed name of signee

Filing Fee: \$25.00