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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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SECRETARY OF STATE
ACT ABASSEE, FLORIDA

MAY 2 5 2016

SWARREN

	COVER LETTER .	♣
FO: Registration Section Division of Corporations	•	4
SUBJECT: TRADEM	Name of Limited Liability Company	
	Name of Limited Liability Company	
he enclosed Articles of Amendment	and fee(s) are submitted for filing.	
lease return all correspondence conce	erning this matter to the following:	
	JEFFREY MANKE Name of Person	
	TRADE MARK ZOOFING LLC Firm/Company	
	802 SE 32 nd St Address	
	CAPE CORAL, FL 33' City/State and Zip Code JEFF @ TRADEMARK ROOFING LLC E-mail address: (to be used for future annual report in	· Com
or further information concerning thi		,
JEFF MANKE	at (23¶) 22 Area Code Day	2-0613
Name of Person	Area Code Day	time Telephone Number
nclosed is a check for the following a	amount:	
(\$25.00 Filing Fee	Filing Fee & ☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

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	K ROOFING LLC		
	Liability Company as it now appears on A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on		and assigned
A. If amending name, enter the new name of t	he limited liability company here:		
	1 (1) 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
The new name must be distinguishable and contain the wor		ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applical			
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		records, <u>enter t</u>	he name of the nev
taine of the registered rigent.			
New Performance	49 NIN 24	h Too	
New Registered Office Address:	419 NW 7t Enter Florida st	h TER reet address	
New Registered Office Address:	Enter Florida st CAPE CORAL City	reet address, Florida	33993 Zip Code
New Registered Office Address: New Registered Agent's Signature, if changing Re	CAPE CORAL City	reet address, Florida	33993 Zip Code

Page 1 of 3

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

	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
0000	Trans. Marks	Ø45 C5 5-NO 1	CAPE CORAL, FL
AMBR	JEFFREY MANKE	802 SE 32 NO ST	33904 X Add
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n amending a	ny other inform	nauon, enter c	nange(s) nere	: (Anach adan	uonai sneeis, ij	necessar	<i>y.)</i>	
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Note: If the dat locument's effe e record spe	if other than the is listed, the date in this ective date on the ective date and delay	block does not n Department of S ed effective d	neet the applica state's records.	ble statutory fili	ng requirements	s, this date	will not	t be listed as
The 90th da	ay after the re	ecord is filed.						
ated5	16/16		4:00 P.	<u>n,</u> .				
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****	·	Signature of a s		rized representativ	/e of a member	777		
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			Page	3 of 3		Θm	23	

Filing Fee: \$25.00