## L160000 23776

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## **COVER LETTER**

	Registration S Division of Co			
SUBJEC		E ROOFING FLORIDA LLC		
SUBJEC	1	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		TONYA BOWLEG		
			Name of Person	<del></del>
		XCLUSIVE ROOFING F	LORIDA LLC	
			Firm/Company	·
		19821 NW 2 AVE SUITE	E 193	
			Address	
		MIAMI GARDENS FL 3	3169	
	>	XCIUSIVE BOOFINGH	City/State and Zip Code YAHOO.COM	
		SIVE ROOFING FLORIDA LLC  Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing.  TONYA BOWLEG  Name of Person  NCLUSIVE ROOFING FLORIDA LLC  Firm/Company  19821 NW 2 AVE SUITE 193  Address  MIAMI GARDENS FL 33169  XCLUSIVE ROOFING C City/State and Zip Code  XCLUSIVE ROOFING C City/State and Zip		
For furthe	r information c	oncerning this matter, please c	all:	
TONYA I	BOWLEG			
	Name o	f Person		ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	lailing Addres			
	~		_	
	.O. Box 632			-
Т	allahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XCLUSIVE ROOFING FLORIDA LLC

company has been notified in writing of this change.

/Name of the Limited Liability Compa	ne as it now appears on any appears.	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	767
The Articles of Organization for this Limited Liability Company	were filed on 2/3/2016	and assigned
Florida document number L16000023776		3 THE 23
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	12
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		<u> </u>
Enter new mailing address, if applicable:	19821 NW 2 AVE SUITE 193	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI GARDENS FL 33169	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registere
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	-	
	Enter Florida street address	
	, Florida	1Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and Lo rovided for in Chapter 605, F.S.	um familiar with and Or, if this document is

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>	<u>Name</u>	Address	Type of Action
AMBR	WINSTON RICKETTS	1211 NW 29 WAY	□Add
		FT LDLE FL 33311	_
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
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If an effective date is Note: If the date i	other than the date of filing:    O7/21/2020   (optional)	.0207 ed as
e record specifies a rd is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated	2020	
	Signature of a member or authorized representative of a member    ONGa   Dow   Some   Some	
	Typed or printed name of signee	

Filing Fee: \$25.00