## 11000033776

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(Business Entity Name)
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2020 OCT -2 AM II: 04

ON SIGN OF CORPORATION
TALLAHASSEE FLORIDA

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C. GOLDEN OCT - 5 2020

## **COVER LETTER**

TO:	Registration S Division of Co			
63 1 FN 1 A	3 6368	E ROOFING FLORIDA LLC		
SUBJI	SC1:	Name of Lim	ited Liability Company	
			-	
Please	return all corresp	ondence concerning this matter	to the following:	
		TONYA BOWLEG		
			Name of Person	
		XCLUSIVE ROOFING FI	.ORIDA LLC	
		<del></del>	OFING FLORIDA LLC  Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  See concerning this matter to the following:  ONYA BOWLEG  Name of Person  ICLUSIVE ROOFING FLORIDA LLC  Firm/Company  9821 NW 2 AVE SUITE 193  Address  MIAMI GARDENS FL 33169  City/State and Zip Code  CLUSIVEROOFINGFL@YAHOO.COM  E-mail address: (to be used for future annual report notification)  ning this matter, please call:  1786  2901908  Area Code  Daytime Telephone Number	
19821 NW 2 AVE SUITE 193				
			Address	·
		MIAMI GARDENS FL 33	169	
		VALUE DANDE CONTRACTOR		
		-		ation)
For fur	ther information	concerning this matter, please ca	ıll:	
TONY	A L BOWLEG			
	Name	of Person	Area Code Daytime T	Celephone Number
Enclose	ed is a check for	the following amount:		
□ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

2 10 -2 1110:03

XCLUSIVE ROOFING FLORIDA 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	02/03/2016	and assigned
Florida document number L16000023776		<del></del>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the c	designation "LLC" or th	e abbreviation "L.L.C."
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)		
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	ecords, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:  Enter Flor	Enter Florida street address	
	Florida	Zip Code
City		z.q) Coae

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHRISTOPHER D MOUYOS	3823 OLD SALEM RD	■Add
		LAKELAND FL 33811	□Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Add
			□Remove
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Effective date, if other than the date of filing:		10/2/2020
Dated	<u>Note:</u> If	e date, if other than the date of filing:
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00