# 116000059059

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FALLAHASSEE, FLORIDA

#### **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJ	ECT:	Enmay Roof (100 Name of Lim	a ∼ i ∪g LLC ited Liability Company	<del> </del>			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Andrew	Name of Person	<del></del>			
			Roof Cleaning LC				
		16326 magax	Address				
		montherde, F	City/State and Zip Code				
		Tingu 383 E-mail address: (	to be used for future annual report notif	fication)			
For fu	rther information c	oncerning this matter, please ca	all:				
Andrew Tinny Name of Person			at (352) 205-6880 Area Code Daytime Telephone Number				
Enclos	sed is a check for th	ne following amount:					
□ <b>\$</b> 2	25.00 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

Tinnan Roof Cleaning (Name of the Limited Liability Compa	ug ilc			
(Name of the Limited Liability Compa (A Florida Limited I	लेप <u>as it now appears on our records.</u> ) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L/6000 59059</u> .	were filed on 3-23-16 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
TINMAN SOFTWASH LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	16326 magnolia Bluff Drive			
(Principal office address MUST BE A STREET ADDRESS)	Moutverde, F1 34756			
Enter new mailing address, if applicable:	Moutverde, Fl 34756			
(Mailing address MAY BE A POST OFFICE BOX)	moutverde, F1 34756			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:				
	\$ 5 <b>C</b>			
· · · · · · · · · · · · · · · · · · ·	City , Florida Zip Gode			

#### 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
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			□ Remove
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•	ive date, if other	l in this block	does not meet the	applicable	8 te of filing or more th statutory filing req				
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