## 1600091979

(R	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	<u> </u>
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to LLC 10/13/17 AIL COrrection Chris Lakes		il from

Office Use Only

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17 DEC 20 AM ID: 33

S. WARREN DEC 2 1 2017



December 11, 2017

THOMAS C BRENNAN YATES 105 BLACK LOCUST RD DELAND, FL 32724

SUBJECT: BRENNAN ROOFING FL LLC

Ref. Number: L16000191979

We have received your document for BRENNAN ROOFING FL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 417A00025000

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration S Division of Co			
	Roofing FL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	condence concerning this matter		
	Thomas C Brennan Yate	es	
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	105 Black Locust Rd	580 Fairha	ren St.
	Deland, FL 32724	reltona F	1 32/125
	brennenreofinglie@gmail	City/State and Zip Code  Coom yates handymans to be used for future annual report notificatell:	ervice@grail.com
For further information	concerning this matter, please concerning	all:	
Thomas C Yates		720 891-0411 at ( )	
Name	of Person		elephone Number
Enclosed is a check for	the following amount:		
\$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)
	LING ADDRESS: tration Section	STREET/COURIEI Registration Section	R ADDRESS:
Divis	ion of Corporations	Division of Corporati	ions

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brennan Roofing FL LLC					
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur reçords.)		
The Articles of Organization for this Limited Florida document number L16000191979	Liability Company	were filed on 10/18/2	016 and assigned		
This amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	ū	nility company bara.			
		. C			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company " the decision	tion W. I. C. as the abbreviation W. I. C. y		
Enter new principal offices address, if appli		For haven St. 580 Farihaven St.	tion ELC or the aboreviation "L.L.C."		
(Principal office address MUST BE A STRE		Deltona, FL 32725			
		<del></del>			
Enter new mailing address, if applicable:		580 Fairhaven St			
(Muiling address MAY BE A POST OFFICE					
registered agent and/or the new registered of New Registered Agent:	Thomas C Ya	_			
······································	580 Fairhaver	n St			
New Registered Office Address:	- Contactor	Enter Florida str	eet uddress		
	Deitona		20705		
		City	, Florida <sup>32125</sup> Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:		·		
I hereby accept the appointment as register or browns of all statutes relative to the propactions of the propaction of the propaction as registers the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as pregistered office schange.	performance of my di provided for in Chapte address. Thereby con	ties and I am familiar with and ex 605, F.S. Or. if this document is firm that the limited liability		
	Page 1	l 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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Thomas C Yates	580 Fairhaven St Deltona FL 32	■ Add
			□ Remove
			Change
MGR	Alex Fancher	<del></del>	Add
		105 Black Locust RD Deland FL	<b>≅</b> Remove
			☐ Change
MGR	Taylor Yates		
		105 Black Locust RD Deland FL	Remove
			Change
MGR	Kayleigh Yates		<b>=</b> Add
		105 Black Locust RD Deland FL	Remove
			Change
			Remove
		<u> </u>	Change
			DECADE Add Control of the control of
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If the date ins	ther than the date of sted, the date must be speci serted in this block does e date on the Departmer es a delayed effect	inc and cannot be prosent and meet the appliant of State's records	or to date of filing or in cable statutory filin s.	ore than 90 days and segrequirements.	this date will	not be list
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Filing Fee: \$25.00