

L17000013658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

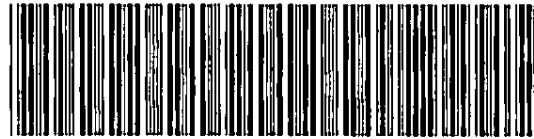
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900306766309

12/20/17--01019--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN - 5 PM 3:45

K SALY
JAN - 5 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEATHERLOCK ROOF SYSTEMS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory Alan Ross

Name of Person

Firm/Company

3948 3rd Street South Unit 195

Address

Jacksonville Beach FL 32250

City/State and Zip Code

alan@theroofduck.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Alan Ross

803 587-0144
at ()
Area Code Daytime Telephone Number

Name of Person

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)

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN -5 PM 3:45

WEATHERLOCK ROOF SYSTEMS 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 01/17/2017 and assigned
Florida document number 1.17000013658.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

240 Nettles Lane #306

Ponte Vedra FL 32081

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

240 Nettles Lane #306

Ponte Vedra FL 32081

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Izabel Oliveira

New Registered Office Address:

240 Nettles Lane #306

Enter Florida street address

Ponte Vedra

Florida 32081

City

Zip Code

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.


X _____
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Label Oliveira	240 Nettles Lane #306	<input checked="" type="checkbox"/> Add
		Ponte Vedra FL 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Gary Rogers	240 Nettles Lane #306	<input checked="" type="checkbox"/> Add
		Ponte Vedra FL 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Spencer Rogers	240 Nettles Lane #306	<input checked="" type="checkbox"/> Add
		Ponte Vedra FL 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Gregory Alan Ross	198 Vista Grande Drive	<input type="checkbox"/> Add
		Ponte Vedra FL 32082	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN - 5 PM 3:45

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
SECRETARY OF CORPORATIONS
DIVISION
18 JAN -5 PM 3:45

E. Effective date, if other than the date of filing: 12/18/2017 (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12-18

2017

2017

Signature of a member or authorized representative of a member

Gregory Alan Ross

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2017

ALAN ROSS
3948 3RD ST. SOUTH, UNIT 195
JACKSONVILLE, FL 32250

SUBJECT: WEATHERLOCK ROOF SYSTEMS LLC
Ref. Number: L17000013658

We have received your document for WEATHERLOCK ROOF SYSTEMS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 617A00025846