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COVER LETTER

Division of Corporations					
	ock Roof Systems LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Gregory Alan Ross Jr				
		Name of Person			
	Weatherlock Roof Systems	s LLC			
		Firm/Company	<u></u>		
	3948 3rd Street South Unit	. 195			
		Address			
	Jacksonville Beach FL 322	50			
	alan@jaxweatherlock.com	City/State and Zip Code	 		
	E-mail address: (to be used for future annual report no	tification)		
For further information	concerning this matter, please co	all:			
Gregory Alan Ross Jr		803 5870144 at ()			
Name	of Person	at () Area Code Daytir	ne Telephone 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)		

MAILING ADDRESS:

TO:

Registration Section

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

Weatherlock Roof Systems LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 01/17/2017	and assigned
Florida document number L17000013658		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		700
B. If amending the registered agent and/or reg		s, enter the name of the ne
registered agent and/or the new registered office ad	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	Flo	orida
	Cay.	rap 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.

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>	Type of Action
AP	Jamie Weatherford	5367 Chicory Circle Middleburg FL 32068	
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Effective data if other than the data of Elim	(45 I)
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of	
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	itory filing requirements, this date will not be listed a
ne record specifies a delayed effective date, but not an effort	ective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
Dated 06/25)
1/1/2	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00