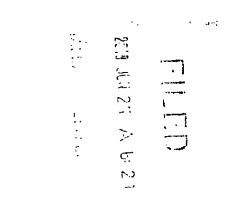
## U1000042475

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D SCOTT
JUN 2 5 2019

## **COVER LETTER**

го:	Registration Se Division of Cor			,	
SUBJE		N HIGH WATERPROFFING	ELLC		
SUBJE	C1:	Name of Lim	ited Liability Company		-
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		JAMES ALMOND			
			Name of Person		
			Firm/Company		
		PO BOX 2031			25 ^
			Address		<del>-</del>
		HIGHLANDS, NC 28741			T.
			Cîty/State and Zip Code		_
		E-mail address: (	to be used for future annual re	port notification)	_
For furtl	her information co	oncerning this matter, please c	all:		
JAMES	SALMOND		at ( )		
	Name of	f Person	Area Code	Daytime Telephone Num	ber
Enclose	d is a check for th	e following amount:			
<b>≅ \$</b> 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi sed) Certifi	Filing Fee, ficate of Status & fied Copy for onal copy is enclosed)
	MAIL	ING ADDRESS:	STREET/	COURIER ADDRESS	:

TO:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	bility Company as it now appears on our record rida Limited Liability Company)	<u>ds.</u> )		
The Articles of Organization for this Limited Liability Florida document number L17000042475	y Company were filed on 02/22/2017	· · · · · · · · · · · · · · · · · · ·	and a	ssigned
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liability company here:			
MOUNTAIN HIGH WATERPROOFING LLC		; ; ;	23	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC	or the abb	reviation "	L.L. <u>C.</u>
Enter new principal offices address, if applicable:			<u>مر</u> تور	- 1
Principal office address MUST BE A STREET ADI	DRESS)		-1	) 
		<u>.</u>	ン	
			त	المعبدات
Enter new mailing address, if applicable:		· .	2 1	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office a	<u>~</u>	s, <u>enter t</u>	he name	e of the
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addre:	ss		
	***			
	, Fl	lorida	Zin Code	· · · · · · · · · · · · · · · · · · ·

## New Registered Agent's Signature, if changing Registered Agent:

MOUNTAIN HIGH WATERDOOFFING HIGH

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Remoye
			Change
			Add J
			□ Change
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		<del></del>	□ Remove
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_	<del></del>		
	e date, if other than the date of filing:	otional)	
(If an effe	the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at fithe date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.	fter filing.) Pu	
	ord specifies a delayed effective date, but not an effective time, at 12:03 of the day after the record is filed.	1 a.m. on	the earlier of:
Dated _	James Almond Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00