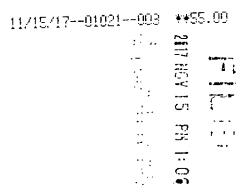
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PICK-UP	☐ WAIT	MAIL
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J. HARRIS

## **COVER LETTER**

TO;	Registration Section Division of Corporations
SUBJ	ECT: Coatech Rooting Systems LLC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Tinothy Dionne Name of Person
	Contech Rooting Systems LLC
	1408 Swanee Rd. Address
	Oaytona beach Fr 32114 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Timothy Dionne at (386) 290-4843  Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
□ \$2	25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

(Name of the Limited Liabil	lity Company as it/now appears on da Limited Liability Company)	our records.)		<del></del>	
The Articles of Organization for this Limited Liability (Florida document number <u>L1750067198</u>		irch 24,20	<u>1</u> 7 and	d assigr	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin  Seamless Foam & The new name must be distinguishable and contain the words "Lin	$c = \Delta c$	ation "LLC" or the ab	breviatio	11" no	·
Enter new principal offices address, if applicable:			 	<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS)	*1**	-	=======================================	U-9 -14
				<u> </u>	t ,
				5	<del>[]  </del> 
Enter new mailing address, if applicable:			<u> </u>	777	<u>.                                    </u>
(Mailing address MAY BE A POST OFFICE BOX)					·
				0.5	
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, <u>enter</u>	the na	me of	the nev
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida si	treet address			
		, Florida			
<del>-</del>	City	<del></del> ;	Zip C	ode	

## 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>	Address	Type of Action
MGR	Rachael Dionne	1408 Suwanee Ad.	<b>/X</b> Add
		1408 Summer Rd. Onyton Beach FL, 32114	□ Remove
		·	Change
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	other than the date listed, the date must be s inserted in this block d ive date on the Departs	does not meet the app	licable statutory filing	(optional) e than 90 days after filing, requirements, this date	) Pursuant to 60 will not be lis	05.0207 sted as
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Note: If the date in document's effect the record specifies	ifies a delayed effort after the record	fective date, but it is filed.	not an effective tir	ne, at 12:01 a.m.	on the ear	lier of
Note: If the date in document's effect the record special The 90th day	after the record	is filed.		ne, at 12:01 a.m.	on the ear	lier of
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Filing Fee: \$25.00