# 7000069076

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		All P

Office Use Only



700317659137

11/05/18--01020--022 \*\*30.00

, c = V6% 3. PRATHE:



October 19, 2018

JACQUELINE JARQUIN TREASURE COAST BUSINESS SOLUTIONS 3245 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34953

SUBJECT: CAP ROOFING L.L.C. Ref. Number: L17000069076

We have received your document for CAP ROOFING L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 318A00021479

Stacy Prather Regulatory Specialist III

HIVED

2018 NOT -2 AH 11: 2

## COVER LETTER

	gistration Sec vision of Corp						
CIID IFÆT.	CAP ROOF	ING L.L.C.					
SUBJECT:		Name of Lim	ited Liability Company	<del> </del>			
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		JACQUELINE JARQUIN					
			Name of Person	<del></del> _			
TREASURE COAST BUSINESS SOLUTIONS							
		<u> </u>	Firm/Company				
		3245 SW PORT ST LUCI	E BLVD				
			Address				
		PORT ST LUCIE, FLORIDA 34953					
	City/State and Zip Code						
		JACQUIEJARQUIN@GMAIL.COM					
		E-mail address: (	to be used for future annual report notif	ication)			
For further i	nformation co	ncerning this matter, please ca	all:				
MIGUEL O	RTIZ		772 240 - 8425				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a	a check for the	e following amount:					
□ \$25.00 F	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

TO:

Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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

RECEIVED OCT 1 6 2018

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAP ROOFING L.L.C.				OSE	
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)	TALLAN TALLAN	
The Articles of Organization for this Limited Liab Florida document number L17000069076	bility Company	were filed on 03/2	!7/2017 	A- and assignment	
his amendment is submitted to amend the follow	ving:			Assign Sign Sign Sign Sign Sign Sign Sign S	
A. If amending name, enter the new name of t	he limited liab	ility company her	<u>·e</u> :	• .	
BRIGHT ROOFING LLC					
he new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the de-	signation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicat	ole:				
Principal office address MUST BE A STREET		2796 SE MONRO	DE ST		
	<u> </u>	STUART, FLORIDA 34994			
Onter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				
<ol> <li>If amending the registered agent and/or egistered agent and/or the new registered office</li> </ol>			our records, <u>ent</u>	er the name of the no	
Name of New Registered Agent:	JULIO BARAHONA				
New Registered Office Address:	2796 SE MONI	ROE ST			
real registered Office Address.		Enter Florid	la street address		
	PORT ST LUC	IE	. Florida	34997	
		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.

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
MGRM	JULIO BARAHONA	2796 SE MONROE ST STUART, FL 34997	Add
			□ Remove
			☐ Change
MGRM	MIGUEL A ORTIZ	2796 SE MONROE ST STUART, FL 34997	
			Remove
			■ Change
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
	<del></del>		D Add
		<del></del>	☐ Remove
			☐ Change

	ding any other inform		•						
	<del>-</del>								
					-				
	<del></del>		_						
						· · · · ·			
_				<u> </u>					
_									
_		<del> </del>							
								· · · · · ·	
				-					
_									
(If an effect	e date, if other than the ive date is listed, the date me the date inserted in this b	ist be specific and o	cannot be prior to		more than 90 da		.) Pursuan		
	t's effective date on the E			ore state of y in	ng requiremen	no, uno care	***************************************	oc mic	u us me
	rd specifies a delaye Oth day after the red		ate, but not	an effective	time, at 12	2:01 a.m.	on the	earlie	r of:
Dated O	CTOBER 04		2018	, .					
Daica			2	DACA	4×		SECK	2018 NOV	~~ <del>~~</del>
		Signature of a m	ember or author	ized representativ	re de a member		25	- <b>V</b>	محدده حمدده
	MIGUEL A ORTIZ						ASS IASS	2 P	
		-	Typed or printed	name of signee			15. E. S. J.	<u>용</u> 6:	O
							FE	6	

Page 3 of 3

Filing Fee: \$25.00