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COVER LETTER

	Registration Sec Division of Corp					
end nec	NICE & DR	Y ROOFING AND HANYM	AN GUYS LLC			
SUBJEC	.1:		ted Liability Company			
The enclo	osed Articles of a	Amendment and fee(s) are subr	nitted for filing.			
Please re	turn all correspor	idence concerning this matter t	to the following:			
		DARRELL POWELL				
	Name of Person					
Firm/Company						
	PANAMA CITY .FL 32404					
	City/State and Zip Code					
	FRIENDLYCORPORATEFILING@GMAIL.COM E-mail address: (to be used for future annual report notification)					
For furthe	er information ec	oncerning this matter, please ca	·	cation)		
DARRE	LL POWELL		850 658-2388			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	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)		

 ${\bf MAILING~ADDRESS:}$

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

NICE & DRY ROOFING AND HANYMAN GUYS	
(A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000085652}{L17000085652}$.	were filed on 04/17/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
TURN KEY DO ALL CONSTRUCTION LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	827 GEORGIA , PANAMA CITY , FL 32404
(Principal office address MUST BE A STREET ADDRESS)	
	; ·
Enter new mailing address, if applicable:	(.3
(Mailing address MAY BE A POST OFFICE BOX)	· 53
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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>	<u>Address</u>	Type of Action	
			Add	
			□ Remove	
			Change	
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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 filing or n  Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.0207 ag requirements, this date will not be listed as
ne record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier of
Dated 01/14 2019	
Dated 01/14 2019  Signature of a member or authorized representative	e of a member

Page 3 of 3

Filing Fee: \$25.00