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SECRETARY OF STATE
FALLAHASSEF FLORIDA

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COVER LETTER

O: Registration S Division of Co			
Roof Res			
		ited Liability Company	
e enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
ase return all corres	pondence concerning this matter	to the following:	
	Joseph Amodio		
	 .	Name of Person	* *
	Roof Rescue LLC		
		Firm/Company	
	6202 N. State Road 7 apt. 2	212	
		Address	·· ······
	Coconut Creek, FL 33073		
		City/State and Zip Code	
	jaamodio@gmail.com		
	E-mail address: (1	to be used for future annual report notif	ication)
further information	concerning this matter, please ca	all:	
seph Amodio		941 628-3929 at ()	
Name	of Person	Area Code Daytime	Telephone Number
closed 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:

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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	,
the Articles of Organization for this Limited Liability Company lorida document number L17000090170	were filed on 4-24-17	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	1293 N. University Dr. #224 Core	al Springs, Florida 33071
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1293 N. University Dr. #224 Core	al Springs, Florida 33071
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	, Flori	daZip Code

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
CEO	Joseph Amodio	1293 N. University Dr. #224	
		Coral Springs, Florida 33071	□ Remove
			■ Change
			Add
			☐ Remove
			☐ Change
-			
			□ Remove
		.	☐ Change
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i amending any other information,	enter change(s) here: (Attach additional shee	is, ij necessary.)	
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Note: If the date inserted in this block do locument's effective date on the Depart	pecific and cannot be prior to date of filing or more than 90 loes not meet the applicable statutory filing requiren ment of State's records. ective date, but not an effective time, at	nents, this date will not be listed	as
9ated			
		,	
Sign	ature of a member or authorized representative of a memb	per S 3	
Joseph Amodio		FI MY 2 NHAS	•
	Typed or printed name of signee		
		F.C.	

Filing Fee: \$25.00