

L17000090170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

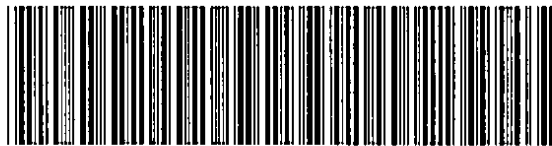
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500353701835

10/19/20--01916--021 **25.00

11/23/20
SAA

FILED
2020 OCT 19 PM 1:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROOF RESCUE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRANDON SHAW
Name of Person

THA General Auto Mall, LLC
Firm/Company

7972 PINES Blvd. #245059
Address

Pembroke PINES, FL 33024
City/State and Zip Code

thegeneralamall@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRANDON SHAW at (352) 497-8965
Name of Person Area Code Daytime Telephone Number

Enclosed 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROOF RESCUE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/24/2017 and assigned
Florida document number L17000090170

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6745 ARBOR DR
MIRAMAR, FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7972 PINES Blvd. #245059
REMBROKE PINES, FL 33024

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CKS INTERIOR DESIGN + PRINTS, LLC

New Registered Office Address:

7972 PINE Blvd. #245059

Enter Florida street address

REMBROKE PINES

City

Florida

33024

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.

J. Shaw
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>	<u>Type of Action</u>
AMBR	Joseph Amodio	6202 N. STATE Rd ^{#9} , Apt 212	<input type="checkbox"/> Add
		Coconut Creek, Fl 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Catrina SHAW	6745 Arbor DR.	<input checked="" type="checkbox"/> Add
		MIRAMAR, Fl 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THA General Auto Mall, LLC	7972 PINES Blvd.	<input checked="" type="checkbox"/> Add
		#245059	<input type="checkbox"/> Remove
		Pembroke PINES, Fl 33024	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
OCT 19 PM 2:21
2020

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
2020 OCT 19 PM 1:21


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10 / 13 2020


Signature of a member or authorized representative of a member

Joseph Amodio
Typed or printed name of signee