

L17000119 269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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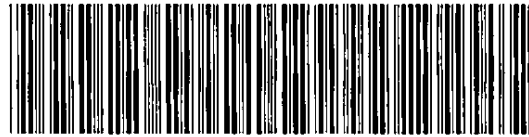
(Business Entity Name)

(Document Number)

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FALLS CHURCH, TEXAS

2017 JUL 10 PM 3:13

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JUL 12 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROOF SYSTEMS OF WICHITA FALLS L.L.C.

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:

JEREMY PEBLEY

Name of Person

ROOF SYSTEMS OF WICHITA FALLS L.L.C.

Firm/Company

1568 CAROL LN

Address

WICHITA FALLS, TX 76302

City/State and Zip Code

JEREMYPEBLEY1478@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEREMY PEBLEY

940 337-7106

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ROOF SYSTEMS OF WICHITA FALLS L.L.C.

(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 05/31/2017 and assigned
Florida document number L17000119269.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1568 CAROL LN
WICHITA FALLS, TX 76302

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CLERK OF CIRCUIT COURT
JULIA M. HARRIS, CLERK
TALLAHASSEE, FLORIDA

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:

JOHNNY GRAY

New Registered Office Address:

1024 LAKELAND PARK CENTER DR

Enter Florida street address

LAKELAND

City

Florida 33809

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>	<u>Type of Action</u>
MGR	JOHNNY GRAY	1024 Lakeland Park Center Dr	<input type="checkbox"/> Add
		Lakeland, FL 33809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEREMY PEBLEY	1024 Lakeland Park Center Dr	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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2008 JUL 10 PM 3:13
REMOVED

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

[illegible]

F. 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 THURSDAY, JULY 7TH 2017

Johnny Breaux
Signature of a member or authorized representative of a member

JEREMY PEBLEY/JOHNNY GRAY

Typed or printed name of signee

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CLARK COUNTY
JAIL