117000124685

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	1
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
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COVER LETTER

Division of Co	rporations		
SUBJECT:	Faithful Roofers LL	С	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Williams		
		Name of Person	
	Faithful Roofers LLC		
		Firm/Company	
	712 SW General Patton Te	भ	
		Address	
	Port St. Lucie, FL 34953		
	Michael@faithfulroofers.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co	all:	
Michael Williams		772 634-0610	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

Faithful Roofers LLC				
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)			
The Articles of Organization for this Limited Liability Con	npany were filed on L17000124685	and assigned		
Florida document number 6/5/2017				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."		
Enter new principal offices address, if applicable:		 		
(Principal office address MUST BE A STREET ADDRE	SS)	: 		
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		LF 28		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		2.12 22		
(Matting address MATT BE AT OST OFFICE DOM)		5 N		
		-		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new		
Name of New Registered Agent:				
Name Descriptional Office Address.				
New Registered Office Address:	Enter Florida street address			
	, Florida			
·	City	Zip Code		
New Registered Agent's Signature, if changing Registered A	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I am j nt as provided for in Chapter 605, F.S. Or,	familiar with and if this document is		

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>Name</u>	<u>Address</u>	Type of Action
Jessie Bryant	3011 Fairway Drive	
		≅ Add
	Ft. Pierce, FL 34982	
		☐ Remove
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. Effective date, if other than (If an effective date is listed, the date	t ne date of 11 must be specific	nng: and cannot be pr	ior to date of filing	or more than 90 da	(optional) lys after filing.) P	ursuant to 605.020
Note: If the date inserted in the document's effective date on the				filing requirement	nts, this date wi	ll not be listed a
discurrent 5 effective date of t	те госранители	or oute siccon	μο.			
f the record specifies a del	aved effectiv	e date hut i	not an effect	ive time lat 12	2:01 am on	the earlier (
b) The 90th day after the			iot dii circee	ve time, de 12	2.01 0.111. 01	the camer
March 26 Dated		2019				
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	Mu		MI	tative of a member		

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Filing Fee: \$25.00