

L17000167685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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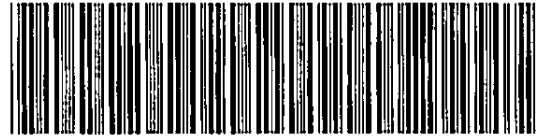
(Business Entity Name)

(Document Number)

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2017 AUG 14 PM 3:10
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TALLAHASSEE, FLORIDA

K SALY
AUG 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roof Care of Central Florida 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:

Erickson Leandry
Name of Person

Firm/Company

5846 Red bug lake Rd #1513
Address

Winter Springs FL 32708
City/State and Zip Code

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

For further information concerning this matter, please call:

Erickson Leandry at (407) 955-3205
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 Care of Central Florida

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/07/2017 and assigned Florida document number L17000167685.

This amendment is submitted to amend the following:

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

Roof Care of Central Florida

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)

5840 Red Bug Lake Rd 1513
Winter Springs FL 32708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5840 Red Bug Lake Rd 1513
Winter Springs FL 32708

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: _____

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>	<u>Type of Action</u>
MGR	Bany Melendez	5840 Red Bug lake Rd ¹⁵¹³	<input checked="" type="checkbox"/> Add
		Winter Springs FL 32708	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ericsson Leandry	5840 Red Bug lake Rd ¹⁵¹³	<input checked="" type="checkbox"/> Add
		Winter Springs FL 32708	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gary R. Graves	5840 Red Bug lake Rd ¹⁵¹³	<input checked="" type="checkbox"/> Add
		Winter Springs FL 32708	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF STATE
TALLAHASSEE FL 32304

2011 AUG 14
 CLERK OF STATE
 FALLING ROCK, TEXAS

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2011 AUG 14 PM 3:10
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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.

Dated 08/10 August 10, 2017

Signature of a member or authorized representative of a member

Ericksen Leandry
Typed or printed name of signer