# 1/7000224801

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rising Star Restaration, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Christopher Soverns
Rising Star Restoration, LLC
250 Diane Drive
South Windson, CT 06074  City/State and Zip Code
risingstarroofings and report notification)
For further information concerning this matter, please call:
Chris Scoreros at (800) 796-5668  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secrificate of Status Secretificate of Status Certificate of Status Secretificate of

## 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**

Í	FILED
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TALLACT	ARY OF STATE ONTO
S.) LAHA	SSEE. FLORIE
2011 S	017 "1104

	T YUY II
(Name of the Limited Liability Compan (A Florida Linuted Li	v as it now appears on our records.)  SECRETARY OF STATE ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000224801</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile  Rising 5 to Roofing, LLC  The new name must be distinguishable and contain the words Limited Liability	
Enter new principal offices address, if applicable:	59ne
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address

### 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.

City

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 = 1 AMBR =	Manager Authorized Member	; IL.ED	
<u>Title</u>	<u>Name</u>	2017 NOV 14 PM 3 55	Type of Action
		SECRETARY OF STATE  TALLAHASSEE, FLORIDA	Add
			Remove
			Change
			🗖 Add
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			☐ Remove
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ZOIT MOY ILL  SECRETARY O  TALLAHASSEE.	FSTATE FLORIDA
SECHETARY O FALL AHASSEE,	FSTATE FLORIDA
TALL AHASSEE.	FSTATE FLORIDA
TASSEE,	FLORIDA
	<del></del>
Effective date, if other than the date of filing:  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.) Pu  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	rsuant to 605.0207 (3 I not be listed as th
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on The 90th day after the record is filed.	the earlier of:
Dated Nacober 9th, 2017.	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00