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SECRETARY OF STATE
SOLVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: AMÉ	RICAS ROGFII	NG & FRAMIN ited Liability Company	JG CONTRACTOR, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARK	WOODLOCK, E	SQ
		1 min Company	Noodlock Construction Law Firm, P.A. 1350 Orange Avenue, Suite, 280 Vinter Park, Florida 32789
		Address	<del></del>
For further information c	MARKO WOO E-mail address: (	City/State and Zip Code  DLDCKLAW. CO to be used for future annual report	notification)
		at ( <u>467</u> ) 40 Area Code Day	9 - 5305 ytime Telephone Number
Enclosed is a check for the	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: Registration Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

AMERICA'S ROOFING & FRAMING CONTRACTOR, LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 12/06/2017	_ and assigned
Florida document number <u>L\\700\0252062</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability Liabilit	C Wilder C Will C Wards a bloom	window M. L. C. "
the new name must be distinguishable and contain the words "Limited Liabili	ry Company, the designation LLC or the above	· ·
Enter new principal offices address, if applicable:	NA	DIVIS 38 38
(Principal office address MUST BE A STREET ADDRESS)		
		유청구
	1	TORREGE STATE
Enter new mailing address, if applicable:	- N/A -	
(Mailing address MAY BE A POST OFFICE BOX)		No off
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e name of the new
Name of New Registered Agent:	-N/A-	
New Registered Office Address:		
110W Registered Office Fragiosis.	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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fan rovided for in Chapter 605, F.S. Or, if	uiliar with and 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>Title</u> <u>Name</u> **Address Type of Action** MONTGOMERY W. MGR WINSLOW 3900 COLONIAL BLVD, STE1 XAdd FORT MYERS, FL 33966 - Remove \_ Change □ Add ☐ Remove □ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

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Filing Fee: \$25.00