# L17000253516

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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#### **COVER LETTER**

	Registration Se Division of Cor	porations		•				
		ing and Construction, LLC						
SUBJECT:Name of Limited Liability Company								
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please re	turn all correspo	ondence concerning this matter	to the following:					
		Brian Webb						
			Name of Person					
		Webb Roofing and Constru	action, LLC					
		·	Firm/Company					
		8019 Valentina Ct						
		·-	Address	<del></del>				
		Naples, Fl 34114						
			City/State and Zip Code					
		brian@webb-usa.com	16.6.					
For furth	er information c	encerning this matter, please of	to be used for future annual report notificall:	anon)				
Brian W	ebb		239 351-0231					
	Name o	f Person	at () Area Code Daytime '	Telephone Number				
Enclosed	is a check for t	he following amount:						
□ \$25.0	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

Webb Roofing and Construction, LLC (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  $\frac{12/11/2017}{2}$ and assigned Florida document number L17000253516 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 "L.L.C." 2605 Edison Ave. Enter new principal offices address, if applicable: Fort Myers, FL 33916 (Principal office address MUST BE A STREET ADDRESS) 2605 Edison Ave Enter new mailing address, if applicable: Fort Myers, FL 33916 (Mailing address MAY BE A POST OFFICE BOX) 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: Brian Webb Name of New Registered Agent: 8019 Valentina Ct

New Registered Office Address:

Enter Florida street address

. Florida 34114 Zip Code Naples City

#### 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>	Address	Type of Action
MGR	Brian Webb	8019 Valentina Ct, Naples, FL 3411	
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the appl	icable statutory filing requ	(optional) an 90 days after filing.) Pursuant to 6 airements, this date will not be li	505.0207 (3) isted as the
f the record specifies a delaye b) The 90th day after the rec		ot an effective time,	at 12:01 a.m. on the ear	rlier of:
Dated November 5th	2019			
2U	UU			
120	Signature of a member or aut	harized representative of a r	nambar	

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Typed or printed name of signee

Filing Fee: \$25.00