<u>LIBUCO 12067</u>

(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations

DURABILIS ROOFING, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

JUAN C RIZO

Name of Person

DURABILIS ROOFING, LLC

Firm/Company

613 CHESTNUT ST EAST

Address

LEHIGH ACRES, FL 33974

City/State and Zip Code

jrizo@durabilisroofing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN C RIZO 239 703-3359 at (\_\_\_\_\_\_) 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

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on <u>1/12/2</u> Florida document number <u>L18000012067</u> .	018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
N/A	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	3 JUL
Enter new mailing address, if applicable:	AM RPCD
(Mailing address MAY BE A POST OFFICE BOX)	<b>O</b> RAIN
	340.02

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:

New Registered Office Address:	Enter Florida street ad	dress
	 City	. Florida 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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MMGR	JUAN C RIZO 613 CHESTNUT ST EA		Add
		LEHIGH ACRES, FL 33974	Remove
			Change
MMGR	VICTOR M ROMAN	3004 49TH ST SW	Add
		LEHIGH ACRES, FL 33976	Remove
			D Change
			🖸 Add
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. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	Suly 16th 2018	
	A.C.	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00