

L180000 13197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

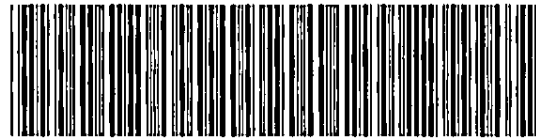
(Business Entity Name)

(Document Number)

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MAR 08 2019
S. YOUNG

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19 MAR -8 PM 3:36
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2019

TONY DANIEL
1913 MASTERPEICE AVENUE
MURFREESBORO, TN 37130

SUBJECT: FLORIDA CONSUMER PROTECTION CONTRACTOR SERVICES
LLC
Ref. Number: L18000013197

We have received your document for FLORIDA CONSUMER PROTECTION CONTRACTOR SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

FLORIDA ROOFING, INC. - P96000088176

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 519A00003943

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2019 MAR -3 PM12:01
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Consumer Protection Contractor Services LLC
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:

Tony Daniel
Name of Person

Firm/Company

1913 Masterpeice Ave
Address

Murfreesboro TN 37130
City/State and Zip Code

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

For further information concerning this matter, please call:

Tony Daniel at (850) 247-8757
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Florida Consumer Protection Contractor Services 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 1-16-2018 and assigned
Florida document number LG000013197.

This amendment is submitted to amend the following:

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

Florida Roofing LLC Florida Superior Roofing LLC
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)

515 TYLUS ST
Chattahoochee FL 32324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19 APR - 11:00 AM
ALLAHBASSE, FLORIDA
PM 3:38

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

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, 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	Charles Garrage	7281 Sunshine Grove Rd Suite 115	<input type="checkbox"/> Add
		Brooksville, FL 34613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard Romero	509 TYUS St	<input checked="" type="checkbox"/> Add
		Chattahoochee FL 32324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kimberly Daniel	1913 Masterpeice Ave	<input checked="" type="checkbox"/> Add
		Murfreesboro TN 37130	<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"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

(b) The 90th day after the record is filed.

Tony Daniel
Typed or printed name of signee