L180000 24669

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





100354064781

10/30/20--01009--018 ++58:00 75.00

777 0CT 30 KH 8: 33

Mund



STEPHEN B. REGISTER JR., CPA

Financial Services Representative

1552 Brickyard Road Chipley, Florida 32428 Tel: (850) 638-4251 Fax: (850) 638-2042 Cell: (850) 260-2680

October 27, 2020

Florida Department of State P O Box 6327 Tallahassee, FL 32314

Please record the 2 attached amendments of LLC's. One includes a name change and both include changes to members.

Thanks,

Stephen B Register Jr., CPA

COVER LETTER

TO: Registration Se Division of Co	ection rporations		
Johnson Re	oofing Solutions LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Curtis T Johnson		
		Name of Person	
		Firm/Company	
	5139 Peanut Road		
		Address	
	Graceville, FL 32440		
		City/State and Zip Code	
	curtisjohnson71491@icloud	d.com to be used for future annual report notil	tication
For further information c	oncerning this matter, please c	•	incurry)
Curtis T Johnson		850 658-4341	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

TO:

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Johnson Roofing Solutions, 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 01/29/2018 __ and assigned Florida document number L18000024559 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ 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
AMBR	Matthew Turner	3376 Bonnett Pond Rd	□Add
		Chipley, FL 32428	■Remove
			□Change
AMBR	Devan Daniels	39 Cope Rd	
		Chipley, FL 32428	
			Change
			🗀 Add
			□Remove
			□Change
<u>_</u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove

Late to the second

· · · · · · · · · · · · · · · · · · ·					
					
					
					
			 		
		· · · ·		·-	
 					 -
					
	<u> </u>	·			
					
					
Effective date, if oth (If an effective date is liste Note: If the date inserdocument's effective of	rted in this block doe	s not meet the applic	able statutory filing r	(option than 90 days after fil equirements, this d	al) ing.) Pursuant to 605.0207 (3 ate will not be listed as th
he record specifies a del ord is filed.	ayed effective date, b	out not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated October 27		2020			
	11 -				
	Signatur	re of a member or autho	rized representative of	a member	

Filing Fee: \$25.00