118000037907

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600310428926

03/14/18--01022--008 **25.00

18 KIR 20 AN 2: 24

J. LEGGETT NAR 2 1 2018

COVER LETTER

Division of Corporations	TYPE 💆
SUBJECT: ASAP Re.	novations & Roofing LLC
oopader	Name of Limited Liability Company
	E POPO
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
	Shave Rouf
	Name of Person
<u>A5,</u>	AP Renovations & Roofing UC Firm/Company O Marblewood Lane Address
	Firm/Company
419	o Marblewood Lane
JA	City/State and Zip Code Of Cody/State and Zip Code
Λ	City/State and Zip Code
<u>45a</u>	7. Phoyati on 5 pt (a) 9M 41 (6M E-mail address: (to be used for future annual report notification)
For further information concerning th	
Shown Roof	at (904), 6119 2068
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following	amount:
_	
S25.00 Filing Fee S30.00 Certi	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ficate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDR Registration Section	ESS: STREET/COURIER ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASAP Renovations	& Roofing Ll	\subset		
(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on our records.)	, <u>, </u>		
The Articles of Organization for this Limited Liability Company with Florida document number	vere filed on 02/12//	$\mathcal{E}_{and\ ass}$	igned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability ASAP Renovations Jax The new name must be distinguishable and contain the words "Limited Liability."	LLC	previation "I		
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)	4190 marblewood Co Tadesonville FL 32	are 216		
B. If amending the registered agent and/or registered office address here:		the name	of the ne	w
Name of New Registered Agent:				
New Registered Office Address:	w name of the limited liability company here:			
New Registered Agent's Signature, if changing Registered Agent:		Zip.Code		

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 _□ Add ☐ Remove _□ Change _ 🗆 Add _□ Remove _□ Change _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove

18 MAR 20 M 2:25			_ _		<u> </u>			
7.0 M 2:2		 		,—				
7.0 M 2:2								
7.0 M 2:2								
7.0 M 2:2								
7.0 M 2:2			<u> </u>					
7.0 M 2:2						····		
7.0 M 2:2								
7.0 M 2:2								
7.0 M 2:2								
7.0 M 2:2								٠
70 18 2: 2								-72
		·	· · · · · · · · · · · · · · · · · · ·					
							111.5	
							*4	
							7	
								
	fective date, i	f other than the date	of filing:			(options	ıl)	
fective date, if other than the date of filing:	ote: If the date	inserted in this block d	loes not meet the	e applicable sta				
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02	The 90th da	y after the record	is filed.		ffective time,	at 12:01 a.n	n. on the	earlier
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	ated 3	5/18	, 20,	18				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00