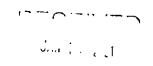
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

	egistration Se ivision of Cor			
211515200		ofing Repairs LLC	• •	N .
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ondence concerning this matter	to the following:	
		Brian G Kirby		
			Name of Person	
		Kirby's Roofing Repairs	LLC	
			Firm/Company	
		9071 139th CT		
			Address	
	•	Live Oak FL 32060		
			City/State and Zip Code	
		kirbysroofing@yahoo.cor	n to be used for future annual report notifi	eation)
For further	information c	oncerning this matter, please c		
Rebecca	Grantham		386 219-0242 at ()	
	Name o	d Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	he 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)
	ailing Addres		Street Address: Registration Sec	tion
		Corporations	Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kirby's Roofing Repairs LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records,) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on March 1, 2018	and assigned
lorida document number L18000055444		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
irby's Roofing & Construction LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
rmetha office address stost bl. A STRISE (ADORESIS)		<u></u>
		19 17
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	. 2
If amending the registered agent and/or registered office sent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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>	Name	<u>Address</u>	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
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			Dihange JAN Godd Remove 25 Change
			Remove
			 ⊝ □(hange
			□Add
			☐ Change
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ective date, if other than the date i effective date is listed, the date must be si te: If the date inserted in this block di tument's effective date on the Depart	pecific and cannot be pri loes not meet the appl	or to date of filing icable statutory	or more than 90 days at	tional) ler filing.) Pursuant to 605. his date will not be liste
cord specifies a delayed effective dates stiled.	e, but not an effective	time, at 12:01 a	.m. on the earlier of:	(b) The 90th day after
ed January 01	. 2021	·		
	MI			

Filing Fee: \$25.00