

L18000 068 032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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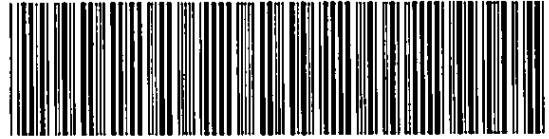
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 10 2013  
T. SCHWARTZ

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GALE FORCE ROOFING & RESTORATION, 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:

ALEXANDER M. DEWEY

\_\_\_\_\_  
Name of Person

GALE FORCE ROOFING & RESTORATION, LLC

\_\_\_\_\_  
Firm/Company

1463 OAKFIELD DRIVE, STE 129

\_\_\_\_\_  
Address

BRANDON, FL 33511

\_\_\_\_\_  
City/State and Zip Code

ALEX.DEWEY@GALEFORCEROOFING.COM

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

For further information concerning this matter, please call:

ALEXANDER DEWEY

813 455-1221  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 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**

GALE FORCE ROOFING & RESTORATION, 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 MARCH 5, 2018 and assigned  
Florida document number L18000058032.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1463 OAKFIELD DRIVE

STE 129

BRANDON, FL 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1463 OAKFIELD DRIVE

STE 129

BRANDON, FL 33511

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TALLAHASSEE, FLORIDA

**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:

ALEXANDER DEWEY

New Registered Office Address:

1463 OAKFIELD DRIVE, STE 129

*Enter Florida street address*

BRANDON

Florida 33511

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LIFETIME QUALITY ROOFING	750 CROSSPOINTE RD, STE D	<input checked="" type="checkbox"/> Add
		GAHANA, OH 43230	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WATERMAN WELLNESS, LLC	4018 W KNIGHTS AVE	<input type="checkbox"/> Add
		TAMPA, FL 33511	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SCOTT D. HOFF	10220 Honey Creek Rd	<input checked="" type="checkbox"/> Add
		Thornville OH 43076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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19 NOV 25 PM 1:06  
STATE DEPT OF STATE  
FALL ANNUAL MEETING  
11/20/06

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19 NOV 25 PM 1:06  
SECURITY OF STATE  
FALL AHA:SECRETARY:100000

**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.

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 \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

ALEXANDER M DEWEY

Typed or printed name of signee