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COVER LETTER

	Division of Corp				
SUBJEC		& FAMILY ROOFING SER			
SUBJEC	···	Name of Limi	170	5	
The enclo	osed Articles of A	mendment and fee(s) are subr	nitted for filing.		Edward Parks
Please ret	urn all correspond	dence concerning this matter t	to the following:		₽'
		JEANETTE SHELTON			
	Firm/Company				
	4565 FRENCH ST				
	Address				
		JACKSONVILLE FL 322	05		
			City/State and Zip Code		
		Jeanette.shelton@att.net	o be used for future annual report notifi	cation)	
C CL	:C		·	carron	
POF JUEN	er intormation cor	ncerning this matter, please ca	III.		:
JEANET	TE SHELTON		904 303-1840 at ()		•
	Name of I	erson		Telephone Number	
Enclosed	is a check for the	following amount:			
\$25.0	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 Sta Certified Copy (additional copy is er	itus &

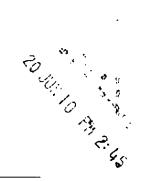
TO:

Registration Section

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



VIGILANTE & FAMILY ROOFING 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 03/19/2018 and assigned Florida document number <u>L18000069636</u> 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 "L.L.C." or the abbreviation "L.L.C." 4851 ROSSELLE ST Enter new principal offices address, if applicable: JACKSONVILLE FL (Principal office address MUST BE A STREET ADDRESS) 32254 4851ROSSELLE ST Enter new mailing address, if applicable: JACKSONVILLE FL 32254 (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: 1 Rosselle St. Unit I Enter Florida street address New Registered Office Address:

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	SHANE MEEKINS	261 JACKSON BLVD ST.AUGUSTINE FL 32095	5 □ Add
			= Remove
			Change
			_ □Add
			_ □Remove
			_ Change
			□Add
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not	meet the applica	to date of filing or able statutory fili	(c more than 90 days ing requirements	optional) after filing.) Pursuar , this date will not	at to 605.0207 be listed as
ne record specifies a dela The 90th day after the			an effective	time, at 12:0	01 a.m. on the	earlier of
JUNE 8 Dated		2020				
	Joanet	re Bees	helta	ر _ن_		
	Signature of a	rmember or autho	rized representativ	e of a member	***************************************	
	Pignature or a	a memoral or addition	•			

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Filing Fee: \$25.00