## L18000102279

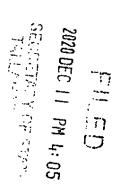
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	·
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	

Office Use Only



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JA. 1/22/21

## COVER LETTER

Division of Cor			
SUBJECT:	AFTSMAN ROOM	ING + RESTOR	ATton LIC
	Name of Lim	ited Liability Company	
m		1.0 MI	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JAMES	METRIER	
	_	Name of Person	
	(KAFTSMAN	/ ROFING + RES	STORATION LLC
	96325.1	DER PRADO BIN	·/D
	C12-1	Address	7
	CAPE CORAC	City/State and Zip Code	<u></u>
	r and adding		<del>c</del>
		to be used for future annual report noti	ncation)
	oncerning this matter, please ca	all:	
JAMES /	METERER	at (941) 915-0	2/5 2 e Telephone Number
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u>		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	
1.O. DOX 032	1	The Centre of 1	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number 1/8000/02279. 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 \_\_

## 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.

City

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	Address	Type of Action
	SLDA	893	<b>j</b>
			Za ha
MBR	MBR . SLDI Shown David	5346 Colony Cr Cape Coral, FL 33904	Add
JACON [	C Holock Gabler		□Remove
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an effecti lote: If	date, if other than the date of filing: 12-1-2020 (optional) we 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed is effective date on the Department of State's records.
10.00	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	12-1-2020  Signature of a member or authorized representative of a member  AMFS R. METERCET
ated	<del></del> , <del></del> .
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