## 118000110423

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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJEC	LANEUV	ILLE ROOFING COMPANY,	LLC				
SUBJEC	CI:	Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all corresp	ondence concerning this matter	to the following:				
		JOHN PAUL LANEUVIL	LE				
			Name of Person				
LANEUVILLE ROOFING, LLC							
	<del></del>						
		300 CRESCENT DRIVE					
			<del></del>				
		MELBOURNE, FLORIDA					
		City/State and Zip Code					
		LANEUVILLEJ@BELLSO					
		E-mail address: (	to be used for future annual report notif	ication)			
For furth	ner information of	concerning this matter, please co	all:				
JOHN PAUL LANEUVILLE 321 258-7996							
-	Name o	of Person	at () Area Code Daytime	Telephone Number			
Enclosed	d is a check for t	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)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANEUVILLE ROOFING COMPANY, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>S.</u> )
The Articles of Organization for this Limited Liability Company	were filed on May 2, 2018	and assigned
Florida document number L18000110423		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LANEUVILLE ROOFING, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		<b>→</b>
		THE PART CONTRACTOR
Enter new mailing address, if applicable:		SS:
		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		Section 1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
		orida
	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>	Address	Type of Action
MGR	JOHN PAUL LANEUVILLE	300 CRESCENT DRIVE	
		MELBOURNE, FL 32901	□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Romove
			☐ Change

11 aiiit	nding any other information, enter change(s) here: (Attach additional sheet.	s, y necessary.)
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If an effe <u>Note:</u> docume	MAY 2, 2018  MAY 2	ents, this date will not be listed as the
ine	90th day after the record is filed.	
Dated _	9 MAY 2018	
	M. PL-M	
	Signature of a member or authorized representative of a member	
	JOHN PAUL LANEUVILLE	
	Typed or printed name of signee	<u> </u>

Filing Fee: \$25.00