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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Overtop Roofing & Painting 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:
Marcelino Joseph Neto
Overtop Roofing & Painting CLC.
8146 Fan Palm Way
Rissiumee FL 34747 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maralina Noto at 704 668-1155  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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**

Overtop Rasting &	Painting LLC.
(Name of the Limited Ajability Company (A Florida Limited Lia	as it now appears on our records.)  ability Company)  May 3, 2018
The Articles of Organization for this Limited Liability Company we Florida document number 1800012188.	7 6 m 7 2
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  O Vertop Painting LL  The new name must be distinguishable and contain the words "Lability	<u>.</u> .
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>₹</b>
B. If amending the registered agent and/or registered office address here:	
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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\_\_\_\_\_ Change

). If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(If an effective of Note: If the	te, if other than the date of filing:  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 605,0207 (3) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	Signature of a member or authorized representative of a member
41.4-	MARCELINO JOSEPH NETO Typed or printed name of signee

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Filing Fee: \$25.00