# L18000181746

(Requestor's Name)	
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SECATIARY OF STATE FALLARASSEE, FLORIDA

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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:		FING SUPPLY LLC		
SOBULCI.		Name of Lin	nited Liability Company	
The encloses	d Articles of	Amendment and fee(s) are sub	unieted for filing	
			•	
Please return	all correspo	ondence concerning this matter	to the following:	
		JASMINE RODRIGUEZ		
			Name of Person	
		BEST QUICK TAX RET	JRNS, INC.	
			Firm/Company	<del></del>
		320 S BUMBY AVE STE	10	
			Address	
		ORLANDO FL 32803		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For further in	iformation c	oncerning this matter, please c	all:	
JASMINE R	.ODRIGUEZ	2	407 896-7921	
Name of Person at ()_ Area Code		Area Code Daytime	: Telephone Number	
Englosed is a	aboak for th	o following and the		
		e following amount:		
■ \$25.00 F	iling 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:

TO:

**Registration Section** 

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

SYL ROOFING SUPPLY LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company	were filed on 07/29/2018	and assigned
Florida document number L18000181746		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>م</u> ســــــــــــــــــــــــــــــــــــ
(Principal office address MUST BE A STREET ADDRESS)		A A
		6 ( C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		0.2 0.3≥
		, m
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>ente</u> <u>e</u> :	r the name of the n
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 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 Type of Action <u>Address</u> Title Name LUIS HERRERA 2463 GRATIA PL MGR **B** Add CASSELBERRY FL 32707 ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove nange 1 □ <del>Re</del>move ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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Effective date, if	other than the date of	filing:		(opti	onal)		
Note: If the date i	listed, the date must be speci- nserted in this block does we date on the Departmen	not meet the appli	cable statutory fili	nore than 90 days aften a second requirements, this	r filing.) Pursuar s date will not	it to 605 be liste	.0207 (3 ed as th
the record speci ) The 90th day	fies a delayed effect after the record is f	ive date, but n	ot an effective	time, at 12:01	a.m. on the	earlie	er of:
Dated APRIL 23		2019					
			1				

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Typed or printed name of signee

Filing Fee: \$25.00