

L18000 197841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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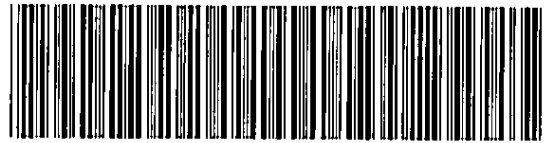
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

2019 SEP 13 AM 9:36

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SULKER

SEP 23 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Abaco Roofing LLC Limited Liability  
Name of Limited Liability Company  
Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Troy Kriskle  
Name of Person

Firm/Company

2044 Pirie Pl.  
Address

St. Cloud FL 34769  
City/State and Zip Code

tskprosa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy Kriskle at ( 407 ) 577-5855  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Abaco Roofing 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 8-17-2018 and assigned  
Florida document number L18000197841.

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)

2044 Pirie Pl.  
St Cloud FL 34769

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1209 13th St  
St. Cloud FL 34769

**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:

Troy Krisle

New Registered Office Address:

2044 Pirie Pl

Enter Florida street address

St Cloud

City

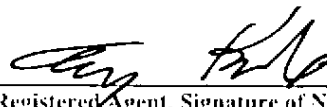
Florida

34769

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>	<u>Address</u>	<u>Type of Action</u>
	Tyler Krisle	1613 13 <sup>th</sup> St	<input type="checkbox"/> Add
		St. Cloud FL 34769	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Troy Krisle	2044 Pirie Pl	<input checked="" type="checkbox"/> Add
		St. Cloud FL 34769	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Tony Kato power of attorney  
Signature of a member or authorized representative of a member

Troy Krisle  
Typed or printed name of signee