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

	ision of Corp			•
SUBJECT:	A. Bartlett F	Roofing & Construction Servic	es, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Derek Larsen-Chaney		
			Name of Person	
		Phelps Dunbar, LLP		
			Firm/Company	
		100 South Ashley Drive, S	uite 2000	
			Address	
		Tampa, Florida 33602		
			City/State and Zip Code	
		chaneyd@phelps.com		
For further i	iformation co	e-mail address: (oncerning this matter, please ca	to be used for fitture annual report no all:	ourication)
Derek Larse			813 222-7677 at ()	
	Name of	Person	Area Code Dayı	ime Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 I	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A. Bartlett Roofing & Construction Services, LLC		
(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000203801	y were filed on <u>8/24/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS)		
		g (1)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registere
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Ducky Johnson Home Elevation LI	522 River Road, Suite D	□Add
		Harahan, Louisiana 70123	Remove
			☐ Change
AR	Ducky Recovery, LLC	PO Box 23741	
		New Orleans, Louisiana 70183	□Remove
			□Change
			□Add
			Remove
			□Change
			□ Remove
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<u>te:</u> If	the date ins	erted in this	the date of must be specif s block does e Departmen	not meet t	ne applica	o date of fili ble statutor	ng or more that y filing requ	(opt in 90 days aft irements, th	ional) er filing.) Pu iis date wil	rsuant to 605.02 not be listed :
cord s s filed		elayed effec	ctive date, bu	it not an ef	ffective tin	ne, at 12:01	a.m. on the	earlier of: (b) The 90	th day after th
ed	ctober 7			$\frac{20}{2}$	21	_·				
			Signature	of a march	er or autho	rized repress	ntative of a n	nember		
			Signatuit	OF A RICHIO	V. amily					