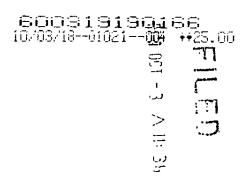
## 118000212684

(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:

Office Use Only



600319190166



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULF WESTERN ROOFING SOUTH, LE		irds )
(A Floric	lity Company as it now appears on our reco la Limited Liability Company)	<u>, , , , , , , , , , , , , , , , , , , </u>
The Articles of Organization for this Limited Liability	Company were filed on September 6, 20	and assigned
Florida document number L18000212684	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
GWR SOUTH, LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	الم أرا المراجعة المحاجعة
Principal office address MUST BE A STREET ADD	RESS)	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
		1 1
Enter new mailing address, if applicable:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	N/A	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		لِدا
		<u> </u>
<ol><li>If amending the registered agent and/or registered agent and/or the new registered office ad</li></ol>		'ds, enter the name of the r
	······································	
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street addi	ress
		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 = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add : 3
			Add : 3
			Change
			Remove
			Change
			Add
			П р

\_\_\_\_ Change

\_\_\_\_\_ Add

\_\_\_\_\_ Change

			_
			_
		· · · · · · · · · · · · · · · · · · ·	
	<del></del>	· <del>·                                     </del>	_
	<u> </u>		
			_
***			
		·. <del></del>	
		3	
<del></del>		ا لر	
		<u> </u>	<del>_</del> ;
		<u> </u>	
· · · · · · · · · · · · · · · · · · ·		<u>u</u>	
	<del>16</del>		
ective date, if other than the date must be teleffective date is listed, the date must be teleffective date inserted in this blockument's effective date on the Dep	se specific and cannot be prior to date of filing on the does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	605.02 listed
record specifies a delayed of the 90th day after the record	effective date, but not an effectived is filed.	e time, at 12:01 a.m. on the ea	rlier
September 28	2018		
	$\alpha / \gamma = \alpha / \gamma$		

Page 3 of 3

Filing Fee: \$25.00