

# L18000228685

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

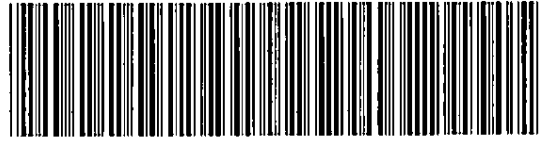
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600441817786

01/15/25--01001--011 \$25.00

FILED  
2025 JAN 17 AM 10:06  
TALLAHASSEE, FLORIDA

RECEIVED  
2025 JAN 15 PM 2:43  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 1/15

CERTIFIED COPY

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LLC AMEND

1. FEOKTISTOV LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Corrected

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2025

CORPORATE ACCESS

SUBJECT: FEOKTISTOV LLC  
Ref. Number: L18000228685

We have received your document for FEOKTISTOV LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing the second page of the Articles of Amedment.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 025A00001157

RECEIVED  
2025 JAN 17 AM 11:07  
CORPORATIONS DIV.

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2025 JAN 17 AM 10:06

FEORTISTOV LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

FLORIDA STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on LI5000228685 and assigned  
Florida document number 09-26-2018.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PROMASTER & SOFFIT GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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. 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:

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

MGR = Manager  
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

ITALPHASSEE, FLORIDA

2025 JAN 17 AM 10:06

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 01/15/2025

Ma

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**