L18000233334

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COVER LETTER

TO:	Registration S Division of Co			
CIIDI		INNOVATION ROOFING AND CONTRACTING, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The ea	nclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please	e return all corresp	ondence concerning this matter	to the following:	
		Bradley Black		
			Name of Person	
			Firm/Company	
		1415 PANTHER LANE S	ΓΕ 121	
		Naples, FL 34109	Address	
		BRAD@BBDPROPERTIE	City/State and Zip Code S.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	irther information	concerning this matter, please ca	all:	
Grego	ory W. Goetz		239 936-2841 ext	3
	Name	of Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for	the following amount:		
■ S	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

INNOVATION ROOFING AND CONTRACTING, 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	51 10/2/2018	and and a
Florida document number L18000233334	were filed on	and assigned
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 Liabil	lity Company " the decignation "LLC	" or the abbreviation "L. L. C."
·	ny company, the designation line	6
Enter new principal offices address, if applicable:		- <u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		三 三
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address here Name of New Registered Agent:	ō:	
New Registered Office Address:		
	Enter Florida street addre.	33
	, FI	orida
	-	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
AMBR	HUDSON, RAYMOND		
		19 HUDSON PLACE DR. PURVIS , MS 39475	
		FURVIS , MS 35473	Remove
			Change
AMBR	SIPES, TERRY		
		3705 OLD FIFTY NINE DR.	□ Add
		MASON, TN 38049	■ Remove
			Change
			□ Add
			Remove
			D-Ghange-
			F G Remove
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			# 15 15
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable st	(o) of filing or more than 90 days a tatutory filing requirements,	ptional) fter filing.) Pursuant to 605.020 this date will not be listed as
e record specifies a delayed e The 90th day after the recor		effective time, at 12:0	1 a.m. on the earlier o
Pated October 5	. 2018		

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Filing Fee: \$25.00