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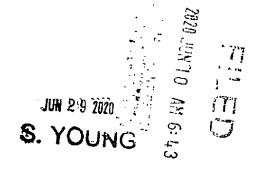
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

		_	
McGuinness:	Brothers	Construction	ı. LLC

SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Scott McGuinness		
		Name of Person	<del> </del>
	McGuinness Brothers Co	nstruction, LLC	
		Firm/Company	<del></del>
	824 Shetter Avenue		
		Address	<del></del>
	Jacksonville Beach FL 32	250	
		City/State and Zip Code	<del></del>
	scott@apexroofingFL.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
Scott McGuinness		904 803-5460	
		at ()	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 tadditional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McGuinness Brothers Construction, 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 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Apex Building Contractors, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 824 Shetter Avenue, Jacksonville Beach FL 32250 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NIA 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: JACKSONNUE BENCH Florida 32250

## 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>	<u>Address</u>	Type of Action
MGR	Scott McGuinness	824 Shetter Avenue, Jacksonville Beach FL 32250	<b>=</b> Add
		<del></del>	□Remove
		<del></del>	□Change
AMBR	Patrick Singletary	824 Shetter Avenue, Jacksonville Beach FL 32250	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
	<del></del>		□ Add
			□ Remove
			□Change