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HILED 18 MOV -5 PH 3: 00

K. SALY

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Be C Painting & WEATHER PROOFing LLC Name of Dimited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bhooks E BodgERS Name of Person
BEC Painting & WEATHER PROOFing LLC
319 Pipers Landing Proad
DEFUNION Springs FL 38433 Chy/State and Zip Code
E-mail reduces: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bhooks E. hodgels at (850) 333-2012 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee. Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee. 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**

18 NOV-5 PH 3:00 ed Liability Company as it now appears
(A Florida Limited Liability Company)

	,	1 1 27		-0,40
The Articles of Organization for this Limited I. Florida document number		were filed on 1011	8/18	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(<u>BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her			he name of the new
New Registered Office Address:				
		Enter Florida stre	et address	
		City	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Bė C

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.

hanging Registered Agent, Signature of New Regist

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
AL	Christina Rodgers	319 Pipers Landing Pd DEFUNION Sprs, Fl 32433	
			Remove
			Change
AR	BROOKS E RODGERS	319 Pipers Landing Ro DEFUNIAK Sprs, FL 3243	Add
		DEFUNIAK SORS, FL 3243	S □ Remove
			☐ Change
			Add
			Remove
			Change
			R 6
			☐ Remove
			Change
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable st cument's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0207 statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
ted October 31 . 2018 .	
IRIOLO Se	representative of a member

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Filing Fee: \$25.00