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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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## **COVER LETTER**

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TO:		ration Section of Corpor				
SUBJ:	· ፑረግ·	BERRY RO	OOFING SPECIALIST & D	EBRIS REMOVAL LLC		
3063	EC1		Name of Limi	ted Liability Company		
The er	nclosed A	rticles of An	nendment and fee(s) are subi	nitted for filing.		
Please	return al	l corresponde	ence concerning this matter t	to the following:		
				RONALD D DAVIS		
				Name of Person	<del></del>	_
			G &	D FINANCIAL SERVIC	CES	
			-	Firm/Company		_
				1063 HWY 90		
				Address		
			CF	HIPLEY, FLORIDA 32428	8	
			-	City/State and Zip Code		_
		_		rdchipley@aol.com		
			E-mail address: (t	o be used for future annual re	eport notification)	
For fu	rther info	rmation conc	erning this matter, please ca	ill:		
	i	RONALD D	DAVIS	850 at ( )	638-5663	
		Name of Pe	erson	Area Code	Daytime Telephone Numb	er
Enclos	sed is a ch	neck for the f	ollowing amount:			
<b>■</b> \$2	25.00 Filii	ng Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific osed) Certifie	Filing Fee, eate of Status & ed Copy al 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

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vere filed on _	NOVEMBER 13, 2018	and assign	ed
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ty Company," the	designation "LLC" or the abbr	eviation "L.L.C	
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Enter Flo	orida street address		
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	, Florida	Zip Code	
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#### 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TONI L DECKER	1807 JENSEN LANE BONIFAY, FL 32425	Add
			<b>□</b> Remove
			Change
CEO	PHILLIP W BERRY JR	2074 HWY 231 COTTONDALE, FL 32431	Add
			Remove
			Change
MGR	PHILLIP W BERRY JR	2074 HWY 231 COTTONDALE, FL 32431	<b>⊒</b> Add
			☐ Remove
		<del></del>	Change
			Add
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			D Add
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Effective date, if other than the date of filing:  (Optional)  (Offine effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Possuant to 605.0207  Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The potch day after the record is filed.  Dated  AUGUST 27  2019  Signature of a methber or adhorized representative of a member						
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  AUGUST 27 2019  Dated						_
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Dated				an effective time,	at 12:01 a.m. on the ea	arlier of:
Signature of a member or authorized representative of a member		AUGUST 27	2019	_·		
Signature of a member of authorized representative of a member	Dated					
	Dated	Clana	Platy B.	izad enrecentativa of a v	nember	_

Page 3 of 3

Filing Fee: \$25.00