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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Div	ision of Co	rporations		
SUBJECT:		oofing, LLC		
SOBJECT.		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Eric C. Millhorn		
			Name of Person	
		Millhom Elder Law Plann	ing Group, LLC	
			Firm/Company	
		11294 U.S. Highway 301		
			Address	
		Oxford, Florida 34484		
		dana@millhornlaw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For further in	iformation co	oncerning this matter, please c	all:	
Eric C. Millh	iom		352 330-3366 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	iling 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

TO:

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

Hightop Roofing, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on November 14, 2018	and assigned
Torida document number 1.18000266251		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ito's Roofing, LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility 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)		7818 7AC
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		1 N N N N N N N N N N N N N N N N N N N
Inter new mailing address, if applicable:		26
Mailing address MAY BE A POST OFFICE BOX)		
		3. 8. C
		<u> </u>
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address he 		enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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

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>	Address	Type of Action
MGR	Robert C. Mejia	39 Pine Circle	
		Ocala, Florida 34472	
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Filing Fee: \$25.00