## 118000266517

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2018 NOV 28 PH 4: 20 SECRETARY OF STATE

## COVER LETTER

TO:	Registration Sec Division of Corp			
مراء ب	MCGUIRE	ROOFING AND CONSTRUC	THOSE LLC	
SUBJE	:CT:	Nume of Lamit	ted I salvliny Company	<del></del>
The end	closed Articles of A	Amendment and feets) are subn	oited for filing.	
Please	eturn all correspor	ndence concerning this matter to	o the following:	
		RHONDA KONING		
	Name of Person			
	CONTRACTOR BUSINESS SERVICES, INC.			
			Firm Company	
		830) JOLIET STREET		
			Address	
		HUDSON, FLORIDA 3460	57	
		TINAG@KONING.COM	Chy State and Zip Code	
		I:-mail address: Ge	o be used for lutine natural report notific	cation)
For furt	ther information co	oncerning this matter, please ca	B:	
TINA	GIGNAC		727 862-8862	
	Name of	Person	at 1 /27 / S02-8602 Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>■</b> \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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 Clition Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 NOV 28 PM 4: 20

SECRETARY OF STATE TALLAHASSEE, FL MCGUIRE ROOFING AND 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 NOVEMBER 14, 2018 and assigned Florida document number 1.18000266517 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Enter Florida street address \_, Florida <u>\_\_</u> 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

Title	<u>Name</u>	Address	Type of Action
MGR	MELISSA MCGUIRE	2908 W. CANTON STREET BROKEN ARROW, OK 74012	
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Remove
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			☐ Add
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			Change
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			☐ Change
~ <del></del>			
			☐ Remove
			Change

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Note	tive date, if other than the date of filing:  [Coptional]  (frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	NOVEMBER 27TH 2018
	ZWWGA ZWWGZ Signature of a member of authorized representative of a member
	RHONDA KONING . NAGISTALINA OGANT
	Typed or printed name of signee

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Filing Fee: \$25.00