

L19000007521

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAD'S ROOFING AND CONSTRUCTION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN NORSWORTHY

Name of Person

DAD'S ROOFING AND CONSTRUCTION LLC

Firm/Company

3140 DOUGLAS RD

Address

PANAMA CITY, FL 32405

City/State and Zip Code

jonathannorsworthy2019@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID R SMITH

850

896-5669

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(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**

DAD'S 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 01/07/2019 and assigned
Florida document number L19000007821.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3140 DOUGLAS RD

PANAMA CITY, FL 32405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3140 DOUGLAS RD

PANAMA CITY, FL 32405

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: JONATHAN NORSWORTHY

New Registered Office Address: 3140 DOUGLAS RD

Enter Florida street address

PANAMA CITY, Florida 32405

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

APR 14 2014
10:00 AM
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FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I JONATHAN NORSWORTHY ACCIDENTLY PUT THIS BUSINESS IN MY FRIEND DAVID SMITHS NAME. I NEED ALL OF

DAVID SMITHS INFORMATION AND PERMISSIONS REMOVED FROM THIS COMPANY. I SHOULD BE THE ONLY

OWNER AND OPERATOR OF THE ABOVE NAMED LLC.

HE KNOWS WHAT I DID AND I INCLUDED HIS CONTACT INFORMATION SO THAT IF THERE ARE ANY QUESTIONS

REGARDING THIS MATTER HE CAN VERIFY THE INFORMATION. HE HAS ALSO SIGNED BELOW AS THE CURRENT

OWNER OF THE BUSINESS.

FILED
19 APR 24 AM 9:35
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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)

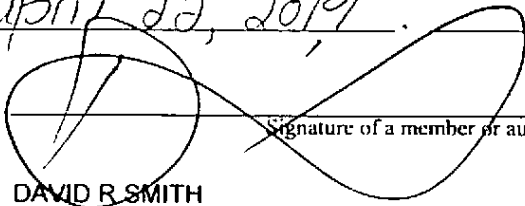
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

April 22, 2019



Signature of a member or authorized representative of a member

DAVID R. SMITH

Typed or printed name of signee