L19000015172

(Requestor	s Name)
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COVER LETTER

TO: Registration Se Division of Cor			
Bana	AC RUNG RUE	///	
SUBJECT: Dava	na River Roofin	ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Logan Term	Name of Person	
	Banana Riu	Firm/Company	
	3863 St (Cam	1 Dive Address	PH 2: 01
	MA.11 51		
	metalurne FL	32940 City/State and Zip Code	
	Cgan . terragh	to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	ali:	
Logan Terry	r Gliv f Person	at (321) 431-25 Area Code Daytin	132 ne Telephone Number
Enclosed is a check for th	ne 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 Addres		<u>Street Address:</u> Registration Se	ection
Registration S Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Γallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

_ Banana River	Roofing LLC	·
(Name of the Limited Liabi (A Florid	lity Company'as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/14/2019	and assigned
Florida document number <u>L1900015172</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Bayana Rice Inspections, LLC The new name must be distinguishable and contain the words "Lin		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or th	e abbreviation, "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	PRESS)	<u> </u>
		8
		平 平
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		C. G.
		643
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registere	City	Zip Code

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>	Name	<u>Address</u>	Type of Action
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ective date, if other than the date of filing:	(antional)
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filite: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:0 s filed.	1 a.m. on the earlier of: (b) The 90th day after th
ed September 14 7000	
· LONG	
ted September 14, 2020. Signature of a member or authorized representations.	

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