L19000023613

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COVER LETTER

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: EDMUND ROFING & CO	INSTRUCTION LLC
Name of Limited Liability Cor	npany.
The enclosed Articles of Amendment and fee(s) are submitted for filing	ļ.
Please return all correspondence concerning this matter to the following	î:
CHAD EDMUN Name of F	YD SM ITTH
EDMUND ROOFING	+ CONSTRUCTION LLC
208 E. LK. How	ARD DR. UNIT 203
WINTER HAVEN City/State and	
City/State and	Zip Code
CSMITHE11 @ B. E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please call:	
CHAN SMITH at (80) Name of Person Area	63, 412-9269
Name of Person Area	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Fi	iling Fee &
Certificate of Status Certified	1 Copy Certificate of Status & Certified Copy
	(additional copy is enclosed)
MAILING ADDRESS.	CTREET/COURIED ADDRESS.
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section
Division of Corporations	Division of Corporations

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDMUND RUFING F (Name of the Limited Liability)	Company asit now appears on our records)	
	, ,	
The Articles of Organization for this Limited Liability Con	mpany were filed on $1/22/19$	and assigned
Florida document number <u>L1900002367</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	,	breviation "L.L.C."
Enter new principal offices address, if applicable:	NO CHANGE	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	_
		A T
	, ,	II - G
er new mailing address, if applicable: No CHANGE O COLUMN SE A POST OFFICE BOX)	က် မ	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		\tilde{v}_{i} ω
 B. If amending the registered agent and/or register registered agent and/or the new registered office address 		the name of the new
	_	
Name of New Registered Agent:	NO CHANGE	
New Registered Office Address:		
	Enter Florida streat address	·
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and con accept the obligations of my position as registered ages being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I am t ant as provided for in Chapter 605, F.S. Or,	amiliar with and if this document is
	NO CHANGE If Changing Registered Agent, Signature of New Re	
ĺ	If Changing Registered Agent, Signature of New Re	gistered Agent

Page 1 of 3

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	Address	Type of Action
MGR	CHAI) SMITH	208 E.LIC HUWARD!	<u>)ℓ</u> .⊠ Add
		UNIT 203	Remove
		WINTER HAVEN, FR 3388	<u> </u>
			🗆 Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			DbA D
			□ Remove
			□ Change
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			□ Add
			_ Remove
			☐ Change

If an ef Note :	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
Dated	August 13 . 2019.
	Signature of a member or authorized representative of a member
	CHAN SMITH Typed or printed name of signee

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Filing Fee: \$25.00