L19000071307

(Re	questor's Name)	
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06/03/19 -01001--011 ** 3.00

R. WHITE

JUN 1 🗣 2019

COVER LETTER

SUBJECT:	Name of Limited Liability Company	 -
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	respondence concerning this matter to the following:	
	Pam Myers	
	Name of Person	
	Pam Myers Tax Service	
	Firm/Company	
	1357 Brickyard Road	
	Address	
	Chipley FL 32428	
	City/State and Zip Code josephdpamela@bellsouth.net	
	E-mail address: (to be used for future annual report notification)	
For further informati	tion concerning this matter, please call:	
Pam Myers	850 7039732	
Na	ame of Person Area Code Daytime Telephone N	umber
Enclosed is a check	for the following amount:	
■ \$25.00 Filing Fe	Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy is enclosed)	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclose

MAILING ADDRESS:

Registration Section

Division of Corporations

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

J & J Shingles Metal and Remodeling 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 $\frac{03/13/2019}{1}$ and assigned Florida document number L19000071307 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) 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 pew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 **Type of Action** Address <u>Title</u> <u>Name</u> 3622 West Brook Drive Kevin James Haar II MGR Chipley FL 32428 **⊟** Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

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Effective date, if oth	ar than the date	05/208. of filing:	/2019		(optional)	
(If an effective date is liste Note: If the date inse document's effective of	d, the date must be s rted in this block d	pecific and cannot be loes not meet the ap	oplicable statuto	ng or more than 90 ry filing requiren	days after filing.) Purs	uant to 605.0207 not be listed as
the record specifie) The 90th day af	s a delayed eff ter the record	ective date, bu ⁱ is filed.	t not an effec	tive time, at	12:01 a.m. on t	he earlier of
Dated May 20		2019				
	Sign	ature of a member or	authorized repres	entative of a memb	ur	
		-				

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Filing Fee: \$25.00