

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



400331976474

07/18/19- 0.017--001 \*-00.09



JUL 2 4 2019

C Kinsey

## **COVER LETTER**

SUBJECT:	Willis Roof	ing and Waterproofing, LLC		
SUBJECT:  Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Ryan E. Willits		
		Willits & Associates, P.A.	Name of Person	
		2325 N. Ocean Blvd., Seco	Firm/Company and Floor	
		Boca raton, FL 33431	Address	
		ryan@floridadirtlawyers.co	City/State and Zip Code m	
For further in	nformation c	E-mail address: ( oncerning this matter, please o	to be used for future annual report notiful:	ication)
Ryan E. Wil	Willits 561 353-2400			
	Name o	Person	Area Code Daytime	: Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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:

 $\mathbf{r}_{i} = \mathbf{r}_{i} \cdot \mathbf{r}_{i}$ 

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

Willis Roofing & Waterproofing,			
(Name of the Lin	(A Florida Limited Liability Con	v appears on our records.) mpany)	
The Articles of Organization for this Limited Florida document number L19000071832	Liability Company were filed	1 on March 14, 2019	_ and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability comp	oany here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:	<u>ු</u>	2019
(Principal office address MUST BE A STRE	ET ADDRESS)	AL!	E 71
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE		ASSEE TO	18 PH 5: 28
B. If amending the registered agent and registered agent and/or the new registered of	or registered office addre	ess on our records, enter the	e name of the new
Name of New Registered Agent:	Ryan E. Willits, Esq.		
New Registered Office Address:	2325 N. Ocean Blvd., Seco	nd Floor	
	En	ter Florida street address	
	Boca Raton	, Florida <sup>33431</sup>	
	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>	Address	Type of Action
AMBR	David H. Willis Jr.	15714 Berea Drive	
			Add
		Odessa, FL 33556	_
			■ Remove
			Change
AMBR	Christopher A. Willis	15013 Lake Emerald Blvd.	
————			Add
		Tampa, FL 33618	
			Remove
			Change
MGR	David C. Willis	1108 Glen Park Lane	a change
———		- 100 Great fair Lane	Add
		Valrico, FL 33594	
			□ Remove
			Change
		-	Change
			Remove
			☐ Change
			to Change
			Remove
			Change
			Change
			Add
			Remove
			□ Change
			Change

					· · · · · · · · · · · · · · · · · · ·
_				· · · · · · · · · · · · · · · · · · ·	
_				-	
_					
	•				
_					<del></del>
_					
_					
_					
_					
-					
	_				
ffectiv	e date, if other than the da	te of filing:		(optional)	
an effe	ctive date is listed, the date must be	specific and cannot be	prior to date of filing or n	ore than 90 days after filing.) P	
	f the date inserted in this block nt's effective date on the Depa			g requirements, this date wi	ii not be listed as
	'				
reco	ord specifies a delayed e	ffective date but	t not an effective l	ime at 12:01 a.m. or	the earlier o
	90th day after the record		i noc an enective i	sine, at 12.01 a.m. or	tile earlier o
J ated	uly 17	2019			
a.co_	010	7, / ·	·		
	//. //h//	7 /			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00