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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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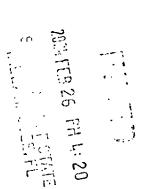
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### **COVER LETTER**

	gistration Sect rision of Corpo					
SUBJECT:	WJB3 LLC					
SUBJECT	•	Name of Lim				
The enclosed	d Articles of Ar	nendment and fee(s) are sub	omitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		William Buckley				
			Name of Person			
		WJB3 LLC				
	FirmCompany					
	1506 Ciranville Ln					
Address						
		Orlando, FL 32803				
			City/State and Zip Code	· ·		
		wbuckley5@gmail.com				
			to be used for future annual rep	on nonneation)		
For further is	nformation con	cerning this matter, please co	all:			
William Bu	ckley		407 758-1	1324	0 8	
	Name of P	erson	Area Code	Daytime Telephone Number	7824 FEB 25	**************************************
Enclosed is a	a check for the	following amount:				١.
<b>≡</b> \$25,00 I	Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclos	ed) Certified	ling Fee. 77	ر ا ادر س

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WJB3 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 May 13th, 2019 and assigned Florida document number 1.19000128906 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **Buckley Roofing Solutions LLC** The new name must be distinguishable and contain the words "Lamited Liability Company," the designation "LLC" or the abbreviation "LLC." 1506 Granville Ln Enter new principal offices address, if applicable: Orlando, FL (Principal office address MUST BE A STREET ADDRESS) 32803 1506 Granville Ln Enter new mailing address, if applicable: Orlando, FL (Mailing address MAY BE A POST OFFICE BOX) 32803 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: 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.

City

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
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