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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

BUCKWORTH ROOFING LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Daniel D. Hansen Name of Person **BUCKWORTH ROOFING LLC** Firm/Company PO BOX 3812 Address MILTON, FL 32572 City/State and Zip Code dhansen@buckworthco.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dillion Smith Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee **\$30.00** Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUCKWORTH ROOFING LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	<u>r</u>)	
The Articles of Organization for this Limited Liability Company	were filed on 07/22/2019	and assigned	
Florida document number L19000187158			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
N/A		/	
he new name must be distinguishable and contain the words "Limited Liab	lity 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)			
Tructure office manages need by not need in building	<u> </u>	£	
		1-2- 11.	
Enter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist	
Name of New Registered Agent:		·····	
New Registered Office Address:			
	Enter Florida street address		
	*****	orida	
	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	The Buckworth Company LLC	4300 BAYOU BLVD.	□Add
		Suite 35B	■Remove
		Pensacola, FL 32503	□Change
AMBR	All Capacity Contractors LLC	4300 BAYOU BLVD.	=
		Suite 35B	□ Remove
		Pensacola, FL 32503	□Change
		***************************************	□ Add
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Page 2 of 3

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