L19000Z11143

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COVER LETTER

TO: Registration S Division of Co			
	ROOFING SERVICES LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cynthia Simpson		
	SIMPSON ROOFING SEI	Name of Person RVICES LLC	
	502 NE 19th CT	Firm/Company	·
	Cape Coral, FL 33909	Address	
	mtsimpson1957@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
Cynthia Simpson		239 878*8289 at ()	e Telephone Number
Name (of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 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:

.

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

SIMPSON ROOFING SERVICE		
(Name of the Lin	ited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Florida document number L19000211143	Liability Company were filed on August 1	9, 2019 and assigned
This amendment is submitted to amend the following	lowing:	
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 designal	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	201 72
		17. 18.6
		P-6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		rr. B
		TI 99 1
		1. 4
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address on our office address here:	records, enter the name of the ne
Name of New Registered Agent:	MARK T. SIMPSON	
New Registered Office Address:		
-	Enter Florida stre	et address
		Florida
	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>	<u>Address</u>	Type of Action
AMBR	MARK T. SIMPSON, SR.	502 NE 19TH CT, CAPE CORAL, FL 33909	
			■ Remove
AMBR	MARK T. SIMPSON	502 NE 19TH CT. CAPE CORAL, FL 33909	
			Remove
		-	Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Remove
			Change

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Filing Fee: \$25.00