

# L19000Z19Z87

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

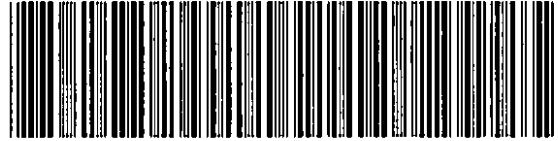
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/05/20 -01023- 009 \*\*30.00

20 JAN -6 AM 8:25  
FEB 03 2003  
C. M. CHAMBER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Top Seal Roofing Systems of Central Florida  
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:

Laura Stilwell  
Name of Person

Top Seal Roofing Systems of Central Florida  
Firm/Company

116850 S US HWY 441, Suite 205  
Address

Summerfield, FL 34491  
City/State and Zip Code

Laura@thevillagesroofer.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Stilwell at (352) 619-5052  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 Address:**

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

20 JAN - 9 AM 8:25  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Top Seal Roofing Systems of Central Florida  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

20 JAN -6 AM 8:25  
CLERK OF THE COURT  
JANUARY 6, 2019

The Articles of Organization for this Limited Liability Company were filed on Aug. 27<sup>th</sup> 2019 and assigned  
Florida document number LI9000219287

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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street 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>	<u>Type of Action</u>
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			<input checked="" type="checkbox"/> Add
--	--	--	-----------------------------------------

			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
--	--	--	---------------------------------

AMBR	Dominick Tarantola	743 Manatee Ave	<input type="checkbox"/> Add
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		Holmes Beach, FL	<input checked="" type="checkbox"/> Remove
--	--	------------------	--------------------------------------------

		34217	<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Jan 31, 2020

Signature of a member

Signature of a member or authorized representative of a member

Laura Hill

Typed or printed name of signee



**Marion County  
Board of County Commissioners**

Building Safety • Licensing

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2400

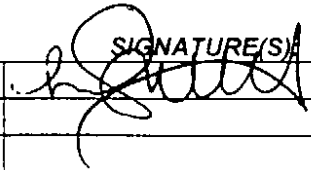
**AUTHORIZATION FORM**

Date: 12-30-2019

Name of license holder: Bryon Cheek Mazon

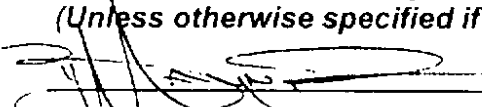
County Certificate # or State License # CSC 1528291 ; CRC 1352280

The following person(s) are authorized to sign for permits for the above referenced license holder. All person(s) authorized to sign must produce a valid Driver's License or Government issued photo ID card. This Authorization is for Permit Applications only.

NAME(S): PLEASE PRINT	SIGNATURE(S)	RELATIONSHIP
LAURA STINNEY		OFFICE MANAGER

Authorization forms are good 12 months of dated form.

(Unless otherwise specified if less than 12 months \_\_\_\_\_)

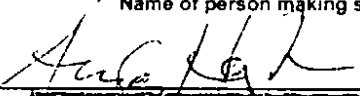
  
\_\_\_\_\_  
Signature of Contractor

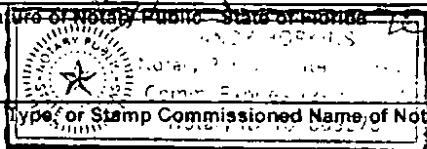
STATE OF FLORIDA Texas

COUNTY OF Collier

Sworn to (or affirmed) and subscribed before me this 30 day of December, 2019 (year),

by Bryon Cheek Mazon  
\_\_\_\_\_  
Name of person making statement

  
\_\_\_\_\_  
Signature of Notary Public - State of Florida

  
\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

☐ Personally Known

☒ Produced Identification TX DL  
\_\_\_\_\_  
Type of Identification Produced