02/13/2020 16:29 API Processing

9545673401

NO.261 #002

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Division of Corporations

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orida Department of State Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H20000045767 3))) H200000457673ABC+ 2020 FEB 13 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this 114 page. Doing so will generate another cover sheet. To: ΤĽ. Division of Corporations PH 12: 12 Fax Number : (850)617-6383 From: Account. Name : APT PROCESSING Account Number : 120110000069 Phone : (954) 567-0013 <u>ت</u>ه Fax Number : (954) 567-3401 7 **Rater the email address for this business entity to be used for future - annual report mailings. Enter only one email address please.** Email Address: kathy@apiprocessing.com -----LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEST FLORIDA ROOFING LLC Certificate of Status 0 Certified Copy 0 $\mathbf{04}$ Page Count \$25.00 Estimated Charge OSIMMONS FEB 1 4 2020

Electronic Filing Menu Corporate Filing Menu

Help

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Best Florida F	toofing LLC		
(Nume of the Limited Liability Compa (A Florida Limited	ny as it now appears on o	ur records.)	
he Articles of Organization for this Limited Liability Company	were filed on <u>Nov</u>	ember 20, 2019	and assigned
lorida document numberL19000288579			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
-			(7) ~
te new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	tion "LLC" or the a	
	210 174th Street, Suit	e 2411	
nter new principal offices address, if applicable:	Sunny Islands, FL 33	160	
Principal office address MUST BE A STREET ADDRESS)	·····	· · · · · · · · · · · · · · · · · · ·	
	210 174th Street, Suit	- - - 1112 •	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	Sunny Islands, FL 33	100	
. If amending the registered agent and/or registered office a	address on our record	s, <u>enter the pan</u>	<u>ne of the new register</u>
gent and/or the new registered office address here:			
Name of New Registered Agent:			·

New Registered Office Address:	210 174th Street, Suite 2411		
	Enter Florida street address		
	sunny Islands	. Florida	33160
	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.

02/13/2020 16:30 API Processing 3545673401 HO.261 #004 H20000045767 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: Page 4 of 5 MGR = Manager AMBR = Authorized Member **Type of Action** Address Titlc. Name 210 174th Street, Suite 2411 MGR Alex Davidi _ 🗏 Add Sunny Islands, FL 33160 Remove □Change 2020 ECR: ⊡₩ ife. y 11 PH 17 **⊡**⊠hange ALE \sim □Add Remove _ ∐Change _ □Add _ 🗌 Remove __ ⊟Change _ □Add Remove Change ___ 🗆 Add **U**Remove

□ Change



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 /	2-10-20	
1		
¥	Structure of a member or authorized representative of a member	
	Alex Davidi	

Typed or printed name of signee

Filing Fee: \$25.00