L200000 35458

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone #)	
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2020 HAR -2 AH 8: 10 SECRETARY OF STATE TALL AHASSEE, FLORIDA

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COVER LETTER

	tion Section of Corporations
	SEN ROOFING AND CONSTRUCTION LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	James D. Nelsen
	Name of Person
	NELSEN ROOFING AND CONSTRUCTION LLC
	Firm/Company
	3112 US Highway I
	Address
	Mims, FL 32754
	City/State and Zip Code Nelsenroofing.dean@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
James D. Nelsen	321 213-7063 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$25.00 Filing	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$55.00 \text{ Filing Fee & } \Bigcup \\$60.00 \text{ Filing Fee, } \text{ Certificate of Status & } \text{ Certified Copy } \text{ Certified Copy } \text{ Certified Copy } \text{ (additional copy is enclosed)} \text{ Certified Copy } \text{ (additional copy is enclosed)}
Division P.O. Bo	ation Section Registration Section n of Corporations Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)			
The Articles of Organization for this Limited Liability Con	mpany were filed on January 29, 2020	an	ıd assig	gned
Florida document number L20000035458				•
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviatio		.C."
Enter new principal offices address, if applicable:		CARA	HAR	
(Principal office address MUST BE A STREET ADDRE	(2.23)	SS	-2	i -
		Mg.	₽	<u> </u>
		TORK	ထဲ	``
Enter new mailing address, if applicable:		<u> 5</u> m		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ame of th	e new	<u>registere</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	-	Code	
	City	Zip (Zode	
New Registered Agent's Signature, if changing Registered a laboratory accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I further a nplete performance of my duties, and I a nt as provided for in Chapter 605, F.S. C	m familia Or, if this	r with docum	and nent is
	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	James D. Nelsen	2520 Tammy Drive, Mims, FL 32754	
			Remove
			□Change
			□Add
			□Remove
			□Change
<u>_</u>			TANGE CANADA
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ective date, if other than the o	ate of filing:	(optiona	1)
te: If the date inserted in this blo-	be specific and cannot be prior to date of filing ik does not meet the applicable statutory		
cument's effective date on the Dep	artment of State's records.		
	date, but not an effective time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
s filed.			
February 27	2020		
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Filing Fee: \$25.00