## 120000105715

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## **COVER LETTER**

то:	Registration So Division of Cor			
SURIF	Kelly Roof	ing FLL. LLC		
	ν I. <sub></sub>		nited Liability Company	
The enc!	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn ali correspo	indence concerning this matter	to the following:	
		Brian W. Sullivan		
			Name of Person	
		Kelly Roofing FLL, LLC		
			Firm/Company	
		8000 Belfort Pkwy # 200		
			Address	<u> </u>
		Jacksonville, Fl. 32256		
		brian@kellyroofing.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual repo	rt notification)
For furth	er information co	oncerning this matter, please co	all:	
Brian W	. Sullivan		407 233-97 at ()	03 Paytime Telephone Number
	Name of	Person	Area Code - E	aytime Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KELLY ROOFING FLL, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000105715</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	2024 55 1711
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8000 Belfort Pkwy = 200	(2)
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FI, 32256	-
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:	8000 Belfort Pkwy # 200	. 2
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32256	
i. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	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
MGR	Gregory Schort	1360 Rail Head Blvd	□Add
		Naples, FL 34110	
			□Change
MGR	Brian W. Sullivan	8000 Belfort Pkwy # 200	bbA €
		Jacksonville, FL 32256	□Remove
			□Change
			□Add
			□Remove
		<del></del>	□ Change
			□Remove
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
(If an effective Note: If the	te, if other than the date of filing:	:07 (3)( as the
he record specord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ie
Dated	July 23 2024	
_	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
_	rian W. Sullivan	
	Typed or printed name of signee	

. .

Filing Fee: \$25.00