

L200000137887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

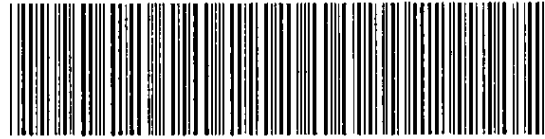
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2020 JUN -9 AM 7:39
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JUN 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROOFEROLGY LLC

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:

ADRIAN MIDDLETON, ESQ

Name of Person

MIDDLETON & MIDDLETON, P.A.

Firm/Company

1437 MARKET ST.

Address

TALLAHASSEE, FL 32312

City/State and Zip Code

adrian@swordandshield.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIAN MIDDLETON, ESQ

850 815-0256
at ()

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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

_____, **Florida** _____
City Zip Code

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

2020 July - 9 Fri 7: 55

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MIDDLETON, ADRIAN	1437 MARKET ST.	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CATHEY, WILLIAM	1437 MARKET ST.	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ECKERT, KAREN	1437 MARKET ST.	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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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 June 9th 2020



Signature of a member or authorized representative of a member

ADRIAN MIDDLETON, ESQ

Typed or printed name of signee

Filing Fee: \$25.00