

11/28/22, 9:01 AM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L20000155322**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BURNS LAW OFFICES, P.A.  
Account Number : 120140000036  
Phone : (305)733-8223  
Fax Number : (866)883-7019

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**GAVIN ROOFING LLC**

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C. BRUMBLEY  
NOV 30 2022

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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GAVIN ROOFING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/08/2020 and assigned  
Florida document number L20000155322.

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)

FILED  
 2022 NOV 29 PM 3:31  
 SECRETARY OF STATE  
 TALLAHASSEE FL

**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

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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>
AMBR	RICKEY GAVIN	17446 US HWY 301 N	<input type="checkbox"/> Add
		DADE CITY, FL 33523	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Northwest-Florida Commercial and Residential Roofing LLC	2755 S LOCUST ST STE 200	<input checked="" type="checkbox"/> Add
		DENVER CO 80222	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	THOMAS BROWN	2936 S. DEXTER	<input checked="" type="checkbox"/> Add
		DENVER, CO 80222	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	PAUL REED	7539 S. NUTHATCH	<input checked="" type="checkbox"/> Add
		PARKER, CO 80134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

**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 NOVEMBER 18, 2022

- DocuSigned by:

DocuSigned by:  
Riley Gorn

~~SECRET~~

Signature of a member or authorized representative of a member

RICKEY GAVTN

Typed or printed name of signee

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**Filing Fee: \$25.00**