L20000181445

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



000370882750

08/02/21--01016--004 **25.00

01.00

COVER LETTER

| Divi | sion of Cor | porations | | |
|----------------|-----------------------------------|--|--|--|
| SUBJECT: | | of and Building Services LLc | | |
| SUBJECT: | Name of Limited Liability Company | | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| | | ndence concerning this matter | _ | |
| | | Jeffery Rayl | | |
| | | | Name of Person | |
| | | Florida Roof and Building | Services LLc | |
| | | | Firm/Company | |
| | | 4505 9th St E | | |
| Address | | | | |
| | | Ellenton, FL 34222 | | |
| | | floridaservicesllc@yahoo.co | City/State and Zip Code | |
| | | | to be used for future annual report notif | lication) |
| For further in | formation c | oncerning this matter, please ca | all: | |
| Jeff Rayl | | | 727 452-3881 | |
| | Name o | f Person | Area Code Daytime | e Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25.00 F | iting Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |

Mailing Address:

TO:

Registration Section

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

| Florida Roof and Building Service | | | | |
|---|---|--|----------------------------|---------------------------------------|
| (Name of the Lin | nited Liability Compan (A Florida Limited Li | y as it now appears on o ability Company) | ur records.) | |
| the Articles of Organization for this Limited lorida document number L20000181445 | • • • | were filed on 6/29/202 | 0 | and assigned |
| his amendment is submitted to amend the fo | | | | |
| . If amending name, enter the new name | of the limited liabil | ity company here: | | |
| he new name must be distinguishable and contain the | words "Limited Liabilit | y Company." the designa | tion "LLC" or the abbrevi | ation "L.L.C." |
| nter new principal offices address, if appl | icable: | | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| | | | | |
| | | | | |
| nter new mailing address, if applicable: | | | | · · · · · · · · · · · · · · · · · · · |
| Mailing address MAY BE A POST OFFICE | E BOX) | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| . If amending the registered agent and/or | registered office ad | idress on our record | s, enter the name of | the new regis |
| gent and/or the new registered office addr | ess here: | | | |
| Name of New Registered Agent: | Jeffery Rayl | | | ·· |
| New Registered Office Address: | 4505 9th St E | | | |
| | · | Enter Florida str | cet address | |
| | Ellenton | | , Florida ³⁴²²² | |
| | | City | Z | ip 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> | <u>Address</u> | Type of Action |
|--------------|--------------|----------------------------------|----------------|
| MGR | Andrew Rayl | 4505 9th St E Ellenton, FL 34222 | ≅Add |
| | | | □Remove |
| | | | ☐ Change |
| AP | Jeffery Rayl | | □Add |
| | | 4505 9th St E Ellenton, FL 34222 | ■Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
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| Effective date, if other than the date of filing: (Optional) (If an effective date, it itself, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to 605 0207 Note: If the date instructed in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated 7 - 29 Jeffery Ray1 Typed or printed name of signee | If ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|---------|---|
| Effective date, if other than the date of filing: | _ | |
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| Dated 7-29 . 2021. Jeffery Rayl | Note: | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| Jeffery Rayl | | |
| Jeffery Rayl | Dated _ | Marille |
| | | gnature of a member or authorized representative of a member |
| | | |

Filing Fee: \$25.00