## L20000241407

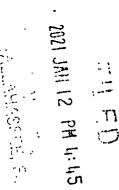
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Office Use Only



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## **COVER LETTER**

TO: Registration Section **Division of Corporations** RUSTIN & YEATMAN ROOFING AND CONSTRUCTION LLC SUBJECT: 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: **ERIC RUSTIN** Name of Person E-SQUARED ROOFING LLC Firm/Company **2632 HIGHWAY 77** Address CHIPLEY, FL 32428 City/State and Zip Code ERIC.RUSTIN79@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ERIC RUSTIN** Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

RUSTIN & YEATMAN ROOFING AND G	CONSTRUCTION LLC	
(Name of the Limited Liab) (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 8/10/2020	and assigned
Florida document number L20000241407	·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
E-SQUARED ROOFING LLC		
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
•		
Principal office address MUST BE A STREET ADD	,	<del></del>
	<del></del> <u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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3. If amending the registered agent and/or registere	ed office address on our records, onter the	a nama of the new regist
gent and/or the new registered office address here:	ed office address on our records, ciner th	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		<del>-</del>
	Enter Florida street address	
	, Flori	da
	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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

|GR = Manager

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ın effect	date, if other than the date of filing: (optional)  ve 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
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	Signature of a member or authorized representative of a member

Typed or printed name of signee