L20000250356

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COVER LETTER

TO: Registration Se Division of Cor			
	mier Roofing LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wyatt Green		
		Name of Person	
	Florida Premier Roofing		
		Firm/Company	<u>_</u>
	1027 Coletta Dr		
		Address	· · · · · · · · · · · · · · · · · · ·
	Orlando, FL 32807		
		City/State and Zip Code	, 2
	pgreen@flpremierroofing.co		
For further information c	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notifical	7021 JIS. 29
Wyatt Green		407 714-7333	
Name o	f Person	Area Code Daytime To	elephone Number 1
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Section	on.
Registration S Division of C		Division of Corpor	
P.O. Box 632	27	The Centre of Tall	ahassee
Tallahassee, l	FL 32314	2415 N. Monroe S	treet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Premier Roofing LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000250356</u> .	were filed on <u>08/17/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		2021
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the appreviation L.L.C."
Enter new principal offices address, if applicable:	1027 Coletta Dr	73
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32807	-5
		L
Enter new mailing address, if applicable:	1027 Coletta Dr	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32807	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	55
		orida
	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

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	Alltec Homes LLC	1027 Coletta Dr. Orlando, FL 32807	
			□Remove
			🗆 Change
			□Add
			□Remove
			[] Change
			□Add
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			□Remove
			□ Change
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			Change.

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tive date, if other than the date of filing:	(optiona	n
tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory	ig or more than 90 days after filing	ng.) Pursuant to 605.020
ment's effective date on the Department of State's records.	y ming requirements, this do	te viii not ve mited e
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b)	The 90th day after the
June 24th 2021		
1000		
Signature of a member or authorized represer		