

L20000289936

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

2020 OCT 15 AM 8:00
FILED
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

RECEIVED

2020 OCT 15 PM 4:03

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DC ROOFING FL LLC

Certificate of Status	0
Certified Copy	0
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V. S. H. K.

Electronic Filing Menu

Corporate Filing Menu

OCT 16 2020
Help

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **DC ROOFING FL 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:

David Cantoni

Name of Person

DC Roofing FL LLC

Firm/Company

1630 CHESAPEAKE AVE

Address

NAPLES, FL 34102

City/State and Zip Code

info@dcroofingfl.com

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

For further information concerning this matter, please call:

David Cantoni

Name of Person

at (**239**)

Area Code

777-3625

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DC ROOFING FL 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 09/15/2020 and assigned
Florida document number L20000289936.

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: 1630 CHESAPEAKE AVE
(Principal office address MUST BE A STREET ADDRESS) Naples, FL 34102

Enter new mailing address, if applicable: 1630 CHESAPEAKE AVE
(Mailing address MAY BE A POST OFFICE BOX) Naples, FL 34102

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>
PRES	DAVID T. CANTONI	1630 CHESAPEAKE AVE	<input type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE PRINCIPLE AND MAILING ADDRESS HAS A "UN" AT THE END WHICH NEEDS TO BE
REMOVED DUE TO THIS ADDRESS BEING IN THE US.

MY NAME WAS SOMEHOW LISTED AS LAST NAME 'DAVID' AND FIRST NAME 'CANTONI'. THIS
NEEDS TO BE CHANGED TO REFLECT LAST NAME, FIRST NAME, INITIAL WHICH SHOULD END
UP BEING LISTED AS "CANTONI, DAVID T".

PLEASE ALSO ADD FEI/EIN NUMBER 85-3023080.

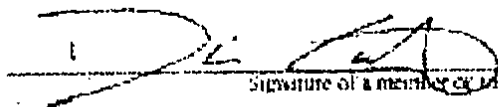
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 October 14 , 2020 .



Signature of a member or authorized representative of a member

David T. Cantoni

Typed or printed name of signer