## K20000305353

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PICK-UP	WAIT MAIL
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## **COVER LETTER**

TO:	Registration Division of C			
		ITY ROOFERS LLC		
SUBJECT: Name of Limited Liability C			nited Liability Company	
The encl	losed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please re	atum all corres	spondence concerning this matte	r to the following:	
		JOSEPH B NICHOLS		
			Name of Person	
		INTEGRITY ROOFERS	LLC	
			Firm/Company	
		7512 DR. PHILLIPS BL	VD, 50-646	
			Address	<del></del>
		ORLANDO, FL 32819		
			City/State and Zip Code	
		E-mail address:	(to be used for future annual report no	tification)
For furth	ner information	n concerning this matter, please	call:	
YANNI	MARIN		305 879-3471	
	Nam	e of Person		me Telephone Number
Enclose	d is a check fo	r the following amount:		
<b>≅ \$2</b> 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Add		Street Address: Registration S	ection
Registration Section Division of Corporations		_	Division of Corporations	
	P.O. Box 6		The Centre of	
	Tallahassec	e, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTEGRITY ROOFERS, 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 09/28/2020 and assigned Florida document number \_\_1.20000305353 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 "LLC." 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) 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Name	Address	Type of Action
AMBR	RICHARD A EDMONDS		
			□Remove
			□Change
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			□ Change

ADDING RI	CHARD EDMONDS AT 20%
	<b>_</b>
<del> </del>	
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effective date is lete: If the date is	other than the date of filing:
cord specifies a s filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	
	Signature of a member or authorized representative of a member
	Signature of a memoer or authorized representative of a memoer
	Typed or printed name of signee

Filing Fee: \$25.00