121000222226

	(Requestor's Name)	
	(Address)	_
<u></u>	(Address)	
	(City/State/Zip/Phone #)	—
PICK-U	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	_
Special Instruction	s to Filing Officer:	
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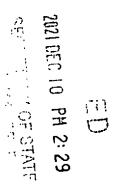
A. RIVERS
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13/10/21--01003--029 **25.00

12/10/21--01008--080 **25.00



COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Beaver Hor	me Roofing, LLC		
SUBJEC	l;	Name of Lim	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Jordan Gray		
			Name of Person	,
		Beaver Home Services		
			Firm/Company	
		413 Wynfield Circle		
			Address	
		Fleming Island, Florida 32	2003	
			City/State and Zip Code	
		Jordang@beaverhomeserv.	com	
		E-mail address: (to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please c	all:	
Jordan G	гау		904 239-2461 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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)
	lailing Addres		Street Address:	
Registration Section Division of Corporations		Registration So Division of Co		
	P.O. Box 632	•	The Centre of	
	Fallahassee T			ne Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beaver Home Rooting, LLC			
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
The Articles of Organization for this Limited L. Florida document number L21000222226			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	JORDAN GRAY		
New Registered Office Address:	216 INDUSTRIAL LOOP S STE #100		
	Enter Florida street address		
	ORANGE PARK Florida 32073		
	City Zip Tode S		
New Registered Agent's Signature, if changing I			
provisions of all statutes relative to the propaction as region as region as regions of my position as regions.	d agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability change.		
	It 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	Jordan Gray	413 Wynfield Circle Fleming Island, FL 32003	= Add
			□Remove
MGR	Michelle Claudio	216 Industrial Loop S STE#100	
		Orange Park, FL 32073	□Remove
			□ Change
			🗆 🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
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			🗆 Add
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ective date, if other than the ceffective date is listed, the date must ex: If the date inserted in this bloument's effective date on the Department.	ck does not meet the app	dicable statutory filing	re than 90 days after filing.) requirements, this date v	Pursuant to 605.020 vill not be listed a
cord specifies a delayed effective s filed.	date, but not an effective	e time, at 12:01 a.m. o	n the earlier of: (b) The	90th day after the
December 1st	2021			
- Darm	Ohn	·		
		about a description of the same of the sam	of a manager of	
	Signature of a member or au	imonzed representative	эг а шешөөг	

Filing Fee: \$25.00