

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L21000269161

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(((H22000372406 3)))



H220003724063ABC-

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

From: Account Name : LICENSE EXAM SERVICES
Account Number : I20120000042
Phone : (941)685-0955
Fax Number : (866)473-0571

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

Email Address: office@allsquareroofing.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DISASTER SOLUTIONS OF FLORIDA LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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COVER LETTER (((H22000372406 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: DISASTER SOLUTIONS OF FLORIDA 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:

MATTHEW KNEZ

Name of Person

DISASTER SOLUTIONS OF FLORIDA LLC

Firm/Company

1301 Seminole Blvd, Suite 141

Address

LARGO, FL 33770

City/State and Zip Code

office@allsquarerroofing.com

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

For further information concerning this matter, please call:

ROBIN OCONNOR

at **941 706-2336**
Area Code 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(((H22000372406 3)))
TO
ARTICLES OF ORGANIZATION
OF**

DISASTER SOLUTIONS OF FLORIDA 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 06/09/2021 and assigned

Florida document number L21000269161

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DISASTER SOLUTIONS, LLC

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:

301 MELTON RD

(Principal office address MUST BE A STREET ADDRESS)

CHESTERTON, IN 46304

Enter new mailing address, if applicable:

301 MELTON RD

(Mailing address MAY BE A POST OFFICE BOX)

CHESTERTON, IN 46304

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:

1301 Seminole Blvd, Suite 141

Enter Florida street address

LARGO

City

Florida 33770

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

2022 OCT 31 AM 8:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

AMBR = Authorized Member

[illegible]

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Typed or printed name of signee