

L21000516651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

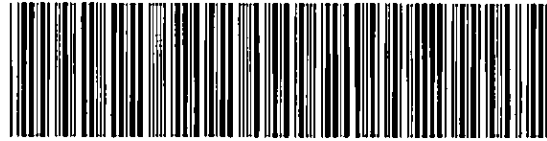
(Document Number)

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ALLAHASSEE, FL

Y SULKER

JAN 26 2022

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 1/24/2022

PRIORITY Regular Approval

OUR REF. # (Order ID#) 993826

ORDER ENTITY
BISON ROOFING FLORIDA, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BISON ROOFING FLORIDA, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

Email address for annual report reminders: cquintero@adslp.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "W6" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bison Roofing 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 December 7, 2021 and assigned Florida document number L21000516651.

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:

4750 North Dixie Highway, Unit 8

(Principal office address MUST BE A STREET ADDRESS)

Oakland Park, Florida 33334

Enter new mailing address, if applicable:

4750 North Dixie Highway, Unit 8

(Mailing address MAY BE A POST OFFICE BOX)

Oakland Park, Florida 33334

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:

Incorporating Services, Ltd.

New Registered Office Address:

1540 Glenway Drive

Enter Florida street address

Tallahassee


Florida 32301

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>	<u>Address</u>	<u>Type of Action</u>
MGR	David Hernandez	1466 NE 54TH ST	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Derik Viner	1466 NE 54TH ST	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eliezer Hernandez	1466 NE 54TH ST	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adam Coughlin	1466 NE 54TH ST	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 January 24 , 2022

/s/ Derik Viner

Signature of a member or authorized representative of a member

Derik Viner

Typed or printed name of signee

Filing Fee: \$25.00