

L220000009569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

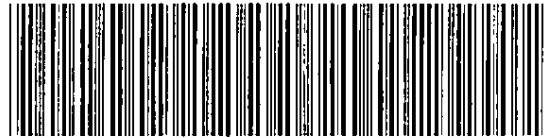
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/18/23--01007--024 \*\*25.00

FILED  
2023 JUL 18 PM 5:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FARMERS ROOFING LLC

FARMERS ROOFING LLC  
2785 S. Bay Street, Suite E  
Eustis, FL 32726  
Office (352) 308-8296  
erin@farmersroofs.com  
License #CCC1333714

July 13, 2023

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

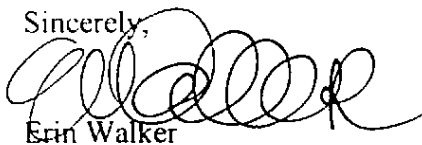
RE: Articles of Amendment to Articles of Organization  
Farmers Roofing, LLC  
Document No. L22000009569

Dear Sir or Madam,

Enclosed please check no. 1392 in the amount of \$25.00 representing the amendment fee for the referenced limited liability company as well as the corresponding amendment paperwork.

Should you have any questions or need anything further from me, please do not hesitate to contact me.  
Thank you!

Sincerely,



Erin Walker

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FARMERS ROOFING 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:

ERIN WALKER

\_\_\_\_\_  
Name of Person

FARMERS ROOFING LLC

\_\_\_\_\_  
Firm/Company

2785 S. BAY STREET, SUITE E

\_\_\_\_\_  
Address

EUSTIS, FL 32726

\_\_\_\_\_  
City/State and Zip Code

ERIN@FARMERSROOFS.COM

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

For further information concerning this matter, please call:

ERIN WALKER

352 800-2241  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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

**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**

[illegible]

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(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)

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 JULY 7 2023

Signature of a member or authorized representative of a member

NICHOLAS FARMER

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Typed or printed name of signee

**Filing Fee: \$25.00**