# L22000474114

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>= #</del> )
	☐ WAIT	
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
to tified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
		•
<u>.</u>		

Office Use Only



200397422322

11/18/22--01002--003 \*\*25.00

ALLAHASSEE, ILLUB

RECEIVED
2022 NOV 17 PH 4: 16

SE ALLAHASSEE, FE

TITO

## **CORPORATE**

When you need ACCESS to the world

ACCESS
INC

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	CERTIFIED COPY		
X	РНОТОСОРУ		
	CUS		
X	FILING	LLC AMEND	
	ORPORATE NAME AND DO		
(C	ORPORATE NAME AND DO	CUMENT #)	
(C	ORPORATE NAME AND DO	CUMENT #)	
(C	ORPORATE NAME AND DO	CUMENT #)	

#### **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

:CT

MCHALI SUBJECT:	EROOFING, LLC		
30BJEC1.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Austin Smoak		
	·	Name of Person	
	Grove Oaks Capital LLC		
		Firm/Company	
	114 North Dixie Avenue		
		Address	
	Fruitland Park, Florida 34	731	
		City/State and Zip Code	
	austin@groveoakscapital.co		
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Jordan D. Chisolm		786 871-3950 at ( )	
Name	of Person	Area Code Daytir	ne 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)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addre Registration Division of 0	Section	Street Address: Registration Se Division of Co	

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## DocuSign Envelope ID: 237BF20D-0290-432E-B382-C270BE8761FD ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

MCHALE ROOFING, LLC

OF

2022 HOV 17 PH 12: 00

FING. LLC

(Name of the Limited Liability Company as it now appears on our records.) LANASSEE, FL

(A Florida Limited Liability Company)

	,	<del>-</del>		L	
The Articles of Organization for this Limited	Liability Company	were filed on $\frac{11/04}{}$	/2022	and assigned	
Florida document number L22000474114	,				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here	#		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the at	obreviation "L.L.C."	
Enter new principal offices address, if appli	icable:	114 North Dixic Avenue			
(Principal office address MUST BE A STREET ADDRESS)		Fruitland Park, Flo	rida 34731		
Enter new mailing address, if applicable:		114 North Dixie A	venue		
(Mailing address MAY BE A POST OFFICE	BOX)	Fruitland Park, Flo	rida 34731		
B. If amending the registered agent and/or agent and/or the new registered office address.  Name of New Registered Agent:	ess here:  Austin Smoak				
•	114 North Dixi	e Avenue			
New Registered Office Address:		Enter Florida street address		<del></del>	
	Fruitland Park		, Florida _ <sup>34</sup>	1731	
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete listered agent as p registered office	performance of my provided for in Cha address, I hereby o	y duties, and I am f ipter 605, F.S. Or, confirm that the lin	amiliar with and if this document is	
		lustin	Smoak		

If Changing Registered Agent, Signature of New Registered Agent

-239EE:03349D4BB

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>	Type of Action
MGR	Matthew J. McHale	2508 NORTH GRIFFIN DRIVE	
		LEESBURG, FL 34748	\alpha Remove
			□ Change
AMBR	Grove Oaks Capital One LLC	114 North Dixie Avenue	
		Fruitland Park. Florida 34731	□Remove
			□ Change
CEO	Austin Smoak	114 North Dixie Avenue	
		Fruitland Park, Florida 34731	□Remove
			□ Change
		<del></del>	□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			🗀 Change
<del></del>			
			□ Remove
			□Change

			<del></del>	<u>.</u>	<del>-</del>		
		•••		-			
				-			
				·			
				-			
	<u> </u>		•••		w <sub>i</sub>	202	
-			<u> </u>	· · · · ·	- <del> </del>	22 NOV	c to
	<u> </u>				<u> </u>	<del>-</del>	(iii
<del></del>		<del></del>			<u> </u>	7 P.	į
	<u> </u>					PM 12: 00	đ.
-					,-	6	
	<del></del>	<del></del>	<del>_</del>				
_							
ective date, if other tha	n the date of filin	g:		(opti	onal)		
n effective date is listed, the date: If the date inserted in	this block does not r	neet the applicab	date of filing or mo le statutory filing	re than 90 days afte   requirements, thi	r filing.) Pursua s date will no	nt to 605.0 t be listed	120 1 a:
cument's effective date on	the Department of 3	state's records.					
cord specifies a delayed en	ffective date, but not	an effective time	e, at 12:01 a.m. o	n the earlier of: (t	) The 90th (	day after t	the
s filed.							
		, _2022					
ed November 16							
ed November 16		0ocu	isigned by: In Smoak				

Filing Fee: \$25.00