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DIVISION OF CORPORATIONS



COVER LETTER

Division of Co				
SUBJECT:	Name of Lin	J Systems U med Liability Company	<u>C</u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Name of Person S ROOFING U Firm/Company Elwell Rd. B Address	<u>C</u>	2023 OCT 17 PM 12: 40
	conta		inglic. Com	
For further information of	concerning this matter, please ca	all:		
Jami Name o	e Bass of Person	at (<u>134</u>) <u>258</u> Area Code Daytim	- 67 67 e Telephone Number	
Enclosed is a check for t	he 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)	ı

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited 1	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberLa3000a coll.	were filed on April 24th 2023	and assigned
This amendment is submitted to amend the following:		
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 Liabil	lity Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	(Same) 24133 Elwell Rd Belleville, M.	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	24133 Elwell Rd Belleville MI 49	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, enter the	ulviside or composite ame of 17 PH 2
New Registered Office Address:	Enter Florida street address	- 6 3 [™]
	Florida	
		p 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>	Address	Type of Action	
			□ Remove	
			Change	
			Remove	
			□ Chappe □ □ Chappe □ □	
			Chapter of	
			☐ Reimpve	
			DIVISION OF CORPORATION.	
			Remove	
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□ Change

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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more to Note: If the date inserted in this block does not meet the applicable statutory filing recommendation.	(optional) han 90 days after filing.) Pursuant to 605.0207 (3)(b) quirements, 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 (b) The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated September 33RD, 2023.	
Signature of a member or authorized representative of a) member
PavidE. Bass	memori

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Typed or printed name of signee

Filing Fee: \$25.00