

L23 000340175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600418431646

RECEIVED
MAR 20 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 MAR 20 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT

03/20/24

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$30.00

Authorization Signature: *James H. H. H.*

BUSINESS NAME _____ Document# _____

Bilrite Roofing LLC L23000340175

___ Certified Copy

X Certificate of Status

NEW FILINGS

___ Profit Corp
___ Not for Profit
___ Limited Liability
___ Domestication
___ LLLP
___ CORP
___ Other

AMENDMENTS

X Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Revocation of Dissolution
___ Merger
___ Articles of Conversion
___ Amended & Restated Articles of Incorporation
___ Statement of Authority

RECEIVED
FEB 11 2021
AM 9:30
STATE

APOSTILLE(s) & OTHER FILINGS

___ Apostille ___ Foreign Filing
___ Country ___ Reinstatement
___ Annual Report ___ Qualification
___ Fictitious Name

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Biltrite 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:

Nicholas Tumminello
Name of Person

Biltrite Roofing LLC
Firm/Company

113 Trafalgar Blvd
Address

Island Park, NY, 11558
City/State and Zip Code

NCTummin@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
STATE
TALLAHASSEE, FL
MAY 20 2009 AM 9:30

For further information concerning this matter, please call:

Nicholas Tumminello at (516) 776-1782
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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
TO
ARTICLES OF ORGANIZATION
OF**

Bilfrite Roofing 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 7/18/23 and assigned
Florida document number L23000340275

This amendment is submitted to amend the following:

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

Built Right Commercial Roofing LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7726 Winegard Rd

2nd Floor AV129

Orlando, Florida, 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7726 Winegard Rd

2nd Floor AV129

Orlando, Florida, 32809

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:

Enter Florida street address

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

FD
2021 MAR 20 AM 9:30
FBI STATE
LAB MASSIVE.FL

2004 MAR 20 AM 9:30
FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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.

March 20th 2024

[Signature]

Signature of a member or authorized representative of a member

Nicholas Tumminello

Typed or printed name of signee