

L23000352665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

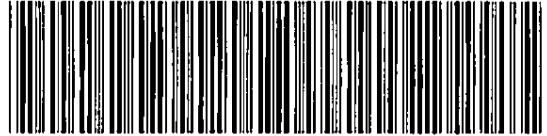
(Business Entity Name)

(Document Number)

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08/28/23--01037--002 \*\*25.00

2023 AUG 28 PM 12:17

A. PARISHANI

SEP 16 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SURE SEAL ROOF SOLUTIONS 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:

JACOB T MASON

Name of Person

SURE SEAL ROOF SOLUTIONS

Firm/Company

1850 MONTEREY AVE

Address

MERITT ISLAND, FL 32952

SURESEALROOFSOLUTIONS City/State and Zip Code

[REDACTED] @ YAHOO.COM

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

For further information concerning this matter, please call:

JACOB T MASON

Name of Person

at (321) 576-5672

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

2023 AUG 28 PM 12:17

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

2023 AUG 28 PM 12:17

SURE SEAL ROOF SOLUTIONS 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 JULY 26 2023 and assigned  
Florida document number 223000352665.

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:

(Principal office address MUST BE A STREET ADDRESS)

1850 MONTEREY AVE

MERRITT IS, FL

32952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1850 MONTEREY AVE

MERRITT IS, FL

32952

**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:

JACOB MASON

New Registered Office Address:

1850 MONTEREY AVE

Enter Florida street address

MERRITT ISLAND

City

, Florida

32952

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>
AMBR	ANNIE WICKHAM	1850 MONTEREY AVE	<input checked="" type="checkbox"/> Add
		MERRITT IS, FL	<input type="checkbox"/> Remove
		32952	<input type="checkbox"/> Change
AMBR	JACOB MASON	1850 MONTEREY AVE	<input checked="" type="checkbox"/> Add
		MERRITT IS, FL	<input type="checkbox"/> Remove
		32952	<input type="checkbox"/> Change
MGR	SHAYLEAN MASON	1850 MONTEREY AVE	<input checked="" type="checkbox"/> Add
		MERRITT IS, FL	<input type="checkbox"/> Remove
		32952	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			2023 <input type="checkbox"/> Remove
			IS 28 <input type="checkbox"/> Change
			PM 12 <input type="checkbox"/> Add
			7 <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.)

2023 AUG 28 PM 12:17

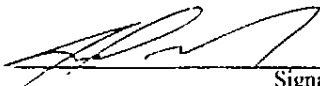
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 AUGUST 23, 2023.



Signature of a member or authorized representative of a member

JACOB T. MASON

Typed or printed name of signee