Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CANYON VIEW SYSTEMS, LLC

Account Number : I20220000118

Phone

: (877)757-9877

Fax Number

: (888)364-3940

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIFIED ROOFING AND CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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JAN 2 4 2024

COVER LETTER

TO: Registration S Division of Co		•				
UNIFIED SUBJECT:	ROOFING AND CONSTRUC	CTION LLC				
SUBJECT:	Name of Li	mited Liability Company				
The enclosed Articles o	f Amendment and fec(s) are so	ebmitted for filing.				
Please return all corresp	ondence concerning this matte	er to the following:				
	NOAH DAVIS					
		Name of Person		-		
	UNIFIED ROOFING AN	D CONSTRUCTION				
		Firm/Company		-		
	3130 N PINE ISLAND R	OAD				
		Address		. SE	2024	
	SUNRISE, FL 33351			主義	2024 JAN 18 AM 11: 16	
		City/State and Zip Code		· 35	8	
	NOAHD32@GMAIL.CO			(a) (i) (ii) (ii) (ii) (ii) (ii) (ii) (i	Ţp.	
		(to be used for future annual report notific:	ition)	: ,,		
For further information of	concerning this matter, please of	rall:			_	
NOAH DAIVS		203 228-0123		• • •	-	
Name c	of Person	at (clephone Number			
Enclosed is a check for the	ha fallowing amount					
篇 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status		
Muiling Add						
Mailing Addres Registration S	<u>s:</u> Section	Street Address: Registration Section) n			
Division of C		Division of Corpor				

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

		orida		
	Enter Florida street addre.	75		
New Registered Office Address:		<u>-</u>		
Name of New Registered Agent:				
agent and/or the new registered office address here:	ed office address of our records, enter	the name of th	<u>ie new</u>	registere
B. If amending the registered agent and/or registere	ed affice address an our records, anto-	s the many of th		
		1	رن	
(Mailing address MAY BE A POST OFFICE BOX)		1,4	 -	البوية
Enter new mailing address, if applicable:		45	AH	The second
		1,27	8	
		23	32	retires
(Principal office address MUST BE A STREET ADD	ORESS)	250	<u></u>	**************************************
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable:	imited Liability Company," the designation "LL	C" or the abbrevia	iion "L.I	C."
A. If amending name, enter the new name of the lin				
This amendment is submitted to amend the following:				
Florida document number L23000496251	,			
The Articles of Organization for this Limited Liability	Company were filed on 10/31/2023	a	ınd ass	igned
(A Flori	ility Company as it now appears on our recorda Limited Liability Company)			
(Name of the Limited Liab	ility Company as it now appears on our record	rds.)		

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	KATHARINE DEW	1008 North Hartsdale Street, Nort Port, FL 34291	= Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the data of effective date is listed, the date must be lote: If the date inserted in this blococument's effective date on the Dep	k does not meet the applicable	late of filing or more than 90 days	Cafter filing) Pursuant to 605 02
record specifies a delayed effective of is filed.	late, but not an effective time,	at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
	2023		
ated NOVEMBER 21	 ' '		
ated NOVEMBER 21	DelT	> _	
	Plood I	d representative of a member	

Filing Fee: \$25.00