

L9900000533y

(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



100337250691

RECEIVED

2013 NOV 21 AM 11:23

TALLAHASSEE, FLORIDA

FILED

2013 NOV 21 A 9:30

DEPARTMENT OF REVENUE

RECEIVED

NOV 22 2013



COGENCYGLOBAL

115 N. CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 11/21/2019

Name: Chris Vick

Reference #: 1155507

Entity Name: ROOFTREE, L.L.C.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: 



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/21/2019

Name: Chris Vick

Reference #: 1155507

Entity Name: ROOFTREE, L.L.C.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: 

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Roofree L.L.C.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

NOV 21 A 9 30

The Articles of Organization for this Limited Liability Company were filed on August 26, 1999 and assigned
Florida document number L99000005334

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:

400 Beach Drive, Unit 2202

(Principal office address MUST BE A STREET ADDRESS)

St. Petersburg, FL 33701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

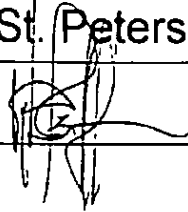
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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>
<u>MBR</u>	<u>William H. Larson</u>	<u>13246 West Skinner Road</u>	<input type="checkbox"/> Add
		<u>Brodhead, WI 53520</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>Thomas G. Larson</u>	<u>1956 5th Street South</u>	<input type="checkbox"/> Add
		<u>Naples, FL 34102</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>Raymond L. Tetzlaff</u>	<u>400 Beach Drive, Unit 2202</u>	<input type="checkbox"/> Add
		<u>St. Petersburg, FL 33701</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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.)

[illegible]

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.

(b) The 90th day after the record is filed.

Dated November 19, 2019

Signature of a member or authorized representative of a member

Raymond L. Tetzlaff, Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Print Form

Reset Form - Can't Undo!