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Office Use Only



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TALLABASSEE FLORIDA

OCT 1 2022 S. PRATHE! To Whom It May Concern,

Attached you will find a Secretary of State Filing Amendment application.

When Jared Boyd's Roofing Company made their initial state filing there was a misspelling of the company's name. Instead of Jared Boyd's Roofing LLC it was Jared Boyd Roofing LLC. Attached is the company's Certificate of Existence and an application to correct the error.

Please send all correspondence for Jared Boyd's application to the provided contact email on the applications. I have also provided it below for reference.

info@thelicensecompany.com

Thank You,

The License Company LLC

COVER LETTER

Division of Corporations			
SUBJECT: Jared Boyd's Roofing	LLC		
Name of Foreign		ility Con	apany
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) ar	re submitted f	or filing.	
Please return all correspondence concerning this	matter to the	followin	ត់:
The License Company LLC			
Name of Person		-	
The License Company LLC			
Firm/Company		•	
55 E Granada Blvd Unit 1415			
Address		-	
Ormond Beach, FL, 32175			
City/State and Zip Code		•	
info@thelicensecompany.con	n		
E-mail address: (to be used for future annual re		ion)	
For further information concerning this matter, pl			
The License Company LLC a	_{it (} 844	, 484·	-2466
Name of Person		& Dayti	me Telephone Number
Mailing Address:		Street Ad	
Registration Section Division of Corporations		_	tion Section
P.O. Box 6327			of Corporations atre of Tallahassee
Tallahassee, FL 32314		2415 N.	Monroe Street, Suite 810 see, FL 32303
Enclosed is a check for the following ar	maupt.		
	ll \$55 Filing I	Fee &	☐ \$60 Filing Fee,
Certificate of Status	Certified C		Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appea	rs on the records of the Floric	a Department of	1747	
State: JARED BOYD ROOFING L	.LC		, , , , , , , , , , , , , , , , , , ,	
Enter new principal office address, if applicable:			SSEL U	
(<u>Principal office address</u> MUST BE A STREET ADDRESS)			PALLANTSSEE FLORIDA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- -	
2. The Florida document number of this limited li	ability company is: M2200	00008421	<u> </u>	
3. Jurisdiction of its organization: GA				
4. Date authorized to do business in Florida: 05	/27/2022			
SECTION II (5-9 complete only the applicable				
5. New name of the limited liability company:		LLC		
(mu	st contain "Limited Liability	Company, " "L.L.C.," or "Ll	LC.")	
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	anaging members adopting th	ng business in Florida and atta e alternate name. The alternal	ach a te name	
6. If amending the registered agent and/or register registered agent and/or the new registered office a		ords, enter the name of the ne	<u>ew</u>	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida Street Address			
	City	, Florida Zip Code		
	•	zą code		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper	ent and agree to act in this ca	pacity. I further agree to com of my duties, and I am familia	iply with ir with	

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.

Filing Foo: \$25.00

Typed or printed name of signee

Control Number: 17103601

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Jared Boyd's Roofing, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23194113 Date Inc/Auth/Filed: 09/25/2017 Jurisdiction : Georgia Print Date : 05/16/2022

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State