

M23000010164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

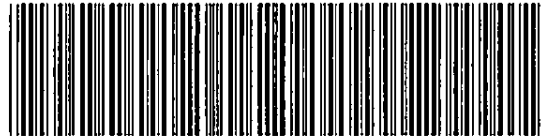
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Incorrect Form  
Foreign Limited  
Liability Company  
W24600034210

Office Use Only



800423409298

02/13/24--01030--014 \*\*52.50

SEC  
STATE

2024 FEB 13 AM 11:48

FILED

AP

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Empire Roofing Solutions LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan McDonald  
Name of Person

Empire Roofing Solutions LLC  
Firm/Company

PO Box 507  
Address

Winchester OH 45697  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jon McDonald at (937) 509-1535  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

**FILED**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of 2024 FEB 13 AM 11:48

State: Empire Construction and Roofing LLC STATE

Enter new principal office address, if applicable: 19255 St Rt 136 STE 3

Winchester OH 45697

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

P.O. Box 507  
Winchester, OH 45697

2. The Florida document number of this limited liability company is: M23000010164

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: 8/3/2023

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Empire Roofing Solutions L.L.C.  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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.*

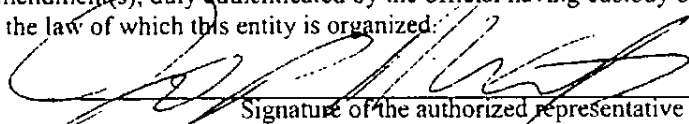
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized:

  
Signature of the authorized representative

Jonathan McDonald  
Typed or printed name of signer

Filing Fee: \$25.00



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/08/2023	202334104676	OHIO LLC - AMENDMENT (LAM)	50.00	100.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

MYCOMPANYWORKS, INC.  
187 E. WARM SPRINGS ROAD, SUITE B  
LAS VEGAS, NV 89119

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
**4820683**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**EMPIRE ROOFING SOLUTIONS, LLC**

and, that said business records show the filing and recording of:

Document(s)  
**OHIO LLC - AMENDMENT**

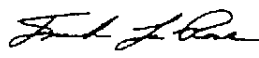
Document No(s):  
**202334104676**

Effective Date: 12/07/2023



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
8th day of December, A.D. 2023.

  
**Ohio Secretary of State**

Form 611 Prescribed by:



Telephone: 877.767.3453

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

Date Electronically Filed: 12/7/2023

## Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

EMPIRE CONSTRUCTION AND ROOFING, LLC

Name of Limited Liability Company

4820683

Registration Number

Optional: Effective Date (MM/DD/YYYY) 12/7/2023

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

Name of Limited Liability Company Empire Roofing Solutions, LLC

(Name must include one of the following words or abbreviations:  
"limited liability company", "limited", "LLC", "L.L.C.", "ltd.", or "ltd".)

Purpose

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

JONATHAN MCDONALD, MEMBER

Signature

By (if applicable)

Print Name

WILLIAM THOMPSON, MEMBER

Signature

By (if applicable)

Print Name

NATHAN HAUKE, MEMBER

Signature

By (if applicable)

Print Name



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 1, 2024

JONATHAN MCDONALD  
278 ZANE TRACE RD  
WEST UNION, OH 45693

SUBJECT: EMPIRE CONSTRUCTION AND ROOFING, LLC  
Ref. Number: M23000010164

We have received your document for EMPIRE CONSTRUCTION AND ROOFING, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 924A00004536