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(((H210001066213)))



H210001066213ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : I20070000159

Phone : (239)777-1028 Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

AM 8: 2

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SELAH ENTERPRISE FLORIDA LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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(((H21000106621 3)))

TO: Registration Section Division of Corporations

SELAH ENTERPRISE FLORIDA LLC

Page: 2 of 5

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

| Name of Person   | 20        |
|--|-----------|
| SELAH ENTERPRISE FLORIDA LLC   | 2021 HARR |
| Firm/Company   | 1         |
| Address  |           |
| CLEARWATER, FL 33-66 Tampa FL 33602  | TO F      |
| City/State and Zip Code  | r:        |
| PRASHANT@VICONSULTINGLLC.COM  E-mail address: (to be used for future annual report notification) |           |

For further information concerning this matter, please call:

| VOCED CHEER AND |           | •                        |
|-----------------|-----------|--------------------------|
| YOSEF CHEFRAN   | 813       | 777-1993                 |
|                 | ni (      | *** 1773                 |
|                 |           |                          |
| Name of Person  | Area Code | Daytime Telephone Number |
|                 |           |                          |

Enclosed is a check for the following amount:

☐ \$30.00 Filing Fee & S25.00 Filing Fcc Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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

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Page: 3 of 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000106621 3)))

| SELAH ENTERPRISE FLORIDA LLC   |  |
|--|--|
| (Name of the Umited Liability Com<br>(A Florida Lunite   | nany as it now appears on our records.) d Liability Company)   |
| The Articles of Organization for this Limited Liability Compar   | 11/15/0010   |
| Florida document number L18000267493   | ny were filed on 17/13/2018 and assigned   |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited li  | ability company here:  |
| HARD ROCK ROOFING & CONSTRUCTION LLC   |  |
| The new name must be distinguishable and contain the words "Limited Lie  | ability Company," the designation "11 C" or the abbreviation "1 CC."   |
| Enter new principal offices address, if applicable:  | 306 E. Tyler St. 37  |
| (Principal office address MUST BE A STREET ADDRESS)  | Jampa, FL 33602  |
|  | (1977)   |
|  |  |
| Enter new mailing address, if applicable:  | 300 F. Tulos St.   |
| (Mailing address MAY BE A POST OFFICE BOX)   | Tampa, FL 33600  |
| THE BOX  | 7-11-1-1-1 350CG   |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent: | ce address on our records, enter the name of the new registered  |
| New Registered Office Address:   |  |
|  | Enter Florida street address   |
|  | , Florida  |
|  | City Zip Code  |
| New Registered Agent's Signature, if changing Registered Agenteed  | ent:   |
| provisions of all statutes relative to the proper and comp   | agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability |
|  |  |
| <del></del>  | AN D   |
| if ·   | Changing Registered Agent, Signature of New Registered Agent   |

(((H21000106621 3)))

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

To: 18506176383

| <u>Title</u>                                  | <u>Name</u>     | Address   | Type of Action                        |
|---|-----------------|---|---------------------------------------|
| mer/  | Yosef Chefran   | 306 E. Tyler St.  | □Add                                  |
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| mge /   | Yuri Kats       | 306 E. Tyler St. Tanpa FL 336                                       | PPV.                                  |
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|--------------------------|--|---------------------------------------|--|--|-------------------|
| If amendi                | ing any other information, ent   | er change(s) here: (Attoch            | additional sheets, if neces                                      | sary:)   |                   |
| Pic                      | ease revise Yuri Kat's name  | to be listed correctly as             | it is currently listed a   | is YURI, KATS  |                   |
| ar                       | nd should be listed as KATS  | s, YURI. Thank you.                   |  |  |                   |
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| iote: If th              | date, if other than the date of the date is listed, the date must be specified date inserted in this block does a effective date on the Department | s not meet the applicable statul      | (option or more than 90 days after ory filing requirements, this | onal)<br>filing.) Pursuant to 6<br>date will not be li | 05.020<br>sted as |
| record sp<br>i is filed. | pecifies a delayed effective date, l   | but not an effective time, at 12:     | 01 a.m. on the earlier of: (b                                    | The 90th day af  | ler the           |
| Feb                      | oruary 26th  | , 2021                                |  |  |                   |
|                          | ·  |                                       |  |  |                   |
|                          | - Signatu  | ne of a member or authorized repr     | esentative of a member   | <del></del>  |                   |
|                          | YOSEF CHEFRAN  |                                       |  |  |                   |
|                          |  | Typed or printed name of              | signee   |  |                   |

Filing Fee: \$25.00