

L2200000461640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALL ARIZONA

11/09/22--01002 -010 **90.00

2022 NOV - 9 PM 12:59
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COVER LETTER

Registration Section
Division of Corporations

RECIPIENT: EHE Roofing LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Cohen
Name of Person

BDC & Associates LLC
Firm/Company

1314 E. Las Olas Blvd #1098
Address

Fort Lauderdale, Fla. 33301
City/State and Zip Code

sr84@att.net
E-mail address: (to be used for future annual report notification)

If further information concerning this matter, please call:

Janet Olson at (954) 610-9748
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 NOV -9 PM 1:21

DHR Roofing LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Organization for this Limited Liability Company were filed on 10/28/2022 and assigned
document number L22000461640

Member(s) submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

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:

Principal Office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

1314 E. Las Olas Blvd #42
Fort Lauderdale, Fla. 33301

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:

_____, 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

recommending authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager
 BR = Authorized Member

Type	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	Bryan D. Cohen	1314 E. Las Olas Blvd #1098	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Fla. 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	William J. Hadley III	4460 Copper Hill Dr.	<input type="checkbox"/> Add
		Spring Hill, Fla. 34609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	Barry Cleveland Dailey	3138 S 76th East Ave	<input checked="" type="checkbox"/> Add
		Tulsa, Ok 74145-1241	<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

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

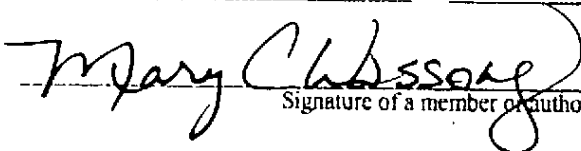
Lined area for amending information.

Effective date, if other than the date of filing: 11/02/2022 (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.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

dated 11/02 2022



Signature of a member or authorized representative of a member

Mary C Wassong

Typed or printed name of signee