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## **COVER LETTER**

	Registration Se Division of Cor					
cup inc	Roof Envy	LLe				
SUBJEC	. I :	Name of Lim	nited Liability Company			
The encl	osed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please re	turn all correspo	endence concerning this matter	to the following:			
			Name of Person			
	Name of Person  LEVEL UP CAPITAL LLC / A TO Z SERVICES OF SWFL LLC  Firm/Company					
13180 N. CLEVELAND AVE. #130/ 149 SE 19TH TERR						
			Address			
		NORTH FORT MYERS,	FL 33903/ CAPE CORAL, FL 33990	55		
		-	City/State and Zip Code	* . 1		
		ruth@roofenvyco.com	(to be used for future annual report notification)	c.s		
For furth	er information c	oncerning this matter, please c	•	<del>-</del>		
Jacob Al	ligrove		239 822-7363 at ( )	· · · · · · · · · · · · · · · · · · ·		
	Name o	f Person	Area Code Daytime Telephone Number	ហ		
Enclosed	I is a check for th	ne following amount:				
□ <b>\$2</b> 5.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F Certified Copy (additional copy is enclosed)	Status & ⁄		
	Mailing Addres Registration S		Street:Address:- Registration Section			
	Division of C	orporations	Division of Corporations			
	P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROOF ENVY LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/14/2023	and assigned
Florida document number £23000131487		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	·	·
		. 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	Cin	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

and Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added red from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	HANDYMANGOS LLC	70 BOSTON POST RD,	□ Add
		WAYLAND, MA 01778	■Remove
			Change
			□Remove
			☐ Change
			□Àdd
			<u></u>
			□Change
			בין. יי
			□Remove
			□Change
			Dbdd
			□Remove
			□Change
			□Add
			□Remove

	<u></u>
ffective date is listed, the c : If the date inserted in	han the date of filing:
ord specifies a delayed of filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a
d July 12th	, 2023
•	Signature of a member of authorized representative of a member  And  Cipatel III acob All grove Amb
TENET (	Signature of a member of authorized representative of a member

Filing Fee: \$25.00