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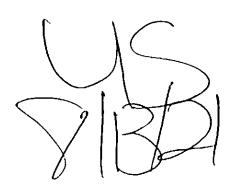
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	rum Roofing Name of Lim	ted Liability Company	
	Amendment and fee(s) are submodence concerning this matter		
ricase return an correspo	machee concerning this matter	to the following.	
	Daniel	Doorakian, Es	59
	Katz & Doo	Firm/Company	2021 SEC TV
	625 N. Flag	ler Drive, Suite	>□ N 1
	West Palm Bea	Ch, FL 33401 City/State and Zip Code	PM 2: 09
	ddcorqkian (C) E-mail address: (1	Natz lawpl. com to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Daniel Do		at (<u>541</u>) <u>721-4</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 000069909</u> .	y were filed on May	24, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Crum Roofing and General The new name must be distinguishable and contain the words "Limited Liab	Contractors, illity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200 A
(Principal office address MUST BE A STREET ADDRESS)	_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2 PH 2: 09
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet	ree to act in this capaci e performance of my du	ty. I further agree to comply with th ties, 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

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

<u>Title</u>	<u>Name</u>	Address	Type of	Action
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te: If the date inserte	the date must be specific and in this block does not te on the Department o	t meet the applicab	date of filing or more le statutory filing re	than 90 days after fil quirements, this d	ing.) Pursuant ate will not b	to 605.020 be listed a
cord specifies a delay s filed.	yed effective date, but r	not an effective tim	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th da	y after th
ed July	30	_, 2021	_ •			
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