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 $\frac{8}{10}$ ٥'n Account Name

: CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

: (813)932-5244

Fax Number

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Email

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| | | H2000022 | 3881 3 |
| ENERAL CONTRACTI | NG & POOEING LLC | | |
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| Amendment and fee(s) are sub | omitted for filing. | | |
| ndence concerning this matter | to the following: | | |
| ANDREA SPAS | | | |
| | Name of Person | | |
| CONTRACTORS R | EPORTING SERVICE IN | IC | |
| | Firm/Company | | |
| 13795 N NEBRASK | A AVE | | |
| | Address | <u> </u> | |
| TAMPA, FL 33613 | | | |
| | City/State and Zip Code | | |
| | | | |
| E-mail address: (| to be used for future annual report no | otification) | |
| oncerning this matter, please o | all: | | |
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| | Street Address; | | |
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| | ENERAL CONTRACTI Name of Lin Amendment and fee(s) are substituted and see(s) are substituted and see(| ENERAL CONTRACTING & ROOFING, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: ANDREA SPAS Name of Person CONTRACTORS REPORTING SERVICE IN Firm/Company 13795 N NEBRASKA AVE Address TAMPA, FL 33613 City/State and Zip Code info@activatemylicense.com E-mail address: (to be used for future annual report not concerning this matter, please call: Person Area Code Dayti Street Address; Registration S | ENERAL CONTRACTING & ROOFING, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: ANDREA SPAS Name of Person CONTRACTORS REPORTING SERVICE INC Firm/Company 13795 N NEBRASKA AVE Address TAMPA, FL 33613 City/State and Zip Code info@activatemylicense.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 813 932-5244 Person Area Code Daytine Telephone Number c following amount: \$30.00 Filing Fee & S60.00 Filing Fee & Certificate of Certificate of Certified Copy (additional copy is enclosed) Street Address: Registration Section |

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

H20000223881 3

| R & J GENERAL CONTRACTIN (Name of the Limited List) (A Flori | IG & ROOFING, LLC Silliy Company as it now appears on our records ida Limited Liability Company) | <u>.</u>) |
|---|---|-------------------------------|
| The Articles of Organization for this Limited Liability | Company were filed on 8/6/2012 | and assigned |
| Florida document number L12000101374 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the Hi | mited liability company here: | |
| The new name must be distinguishable and contain the words "Li | | |
| Enter new principal offices address, if applicable: | | 706 |
| (Principal office address MUST BE A STREET ADD | DRESS) | 7000 |
| | | |
| Enter new mailing address, if applicable: | | PH |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | ed office address on our records, <u>enter t</u> : | he name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | |
| | 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.

MGR = Manager AMBR = Authorized Member

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| Title | Name | Address | Type of Action |
|-------|---------------|------------------------|----------------|
| MANAG | JAMES O COUTS | 7405 SURREY WOOD LN | |
| | | APOLLO BEACH, FL 33572 | |
| | | | □Change |
| | | | □Add |
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| tettecu <u>te:</u> If | te date, if other than the date of filing: | r filing a Pursuant to 605 020 |
| cord s s filed. | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (bd. |) The 90th day after the |
| | July 14th . 2020. | |
| ed | | |
| ted | Signature of a member or authorized representative of a member | |