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| (Re | questor's Name) | |
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| Robinson Ac | counting Serv | ice |
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| Panama City | , FL 32405-58 | 01 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| ARTICLES (|)F AMENDMEN I | | وسر |
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| | TO | • . | Mark Car |
| ARTICLES O | F ORGANIZATION | √ | |
| | OF | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| JERRY WILSON ROOFING, LLC | | | \dot{j} |
| (Name of the Limited Liability Co | ompany as it now appears on ou | ir records.) | بن |
| (A Florida Lim | ited Liability Company) | | , , , |
| | E1-4 - 08/23/20 | 12 | and assigned |
| The Articles of Organization for this Limited Liability Comp | pany were filed on | | and assigned |
| Florida document number L1200010 8753 | | | |
| | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | • |
| A. If amending name, enter the new name of the minicu | naminy company nere. | | |
| | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designat | ion "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| | | | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | <u> </u> | |
| | | | |
| | | | |
| Date of the state | | | |
| Enter new mailing address, if applicable: | | _ | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | - | |
| | | | . <u> </u> |
| | | | |
| B. If amending the registered agent and/or registered of | fice address on our record | s, enter <u>the name</u> | of the new regist |
| agent and/or the new registered office address here: | | - | |
| | | | |
| | | | |
| Name of New Registered Agent: | <u>. </u> | | |
| New Designand Office Address | | | |
| New Registered Office Address: | Enter Florida stre | eet address | |
| | | | |
| | | , Florida | Zip Code |
| | City | | zip Coae |

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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Actio |
|--------------|-----------------|-----------------------|---------------|
| AMBR | JERRY C. WILSON | 1712 CROOKED LANE | ∃ Add |
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| J J s | gnature of a member or a | uthorized representa | tive of a member | |
| / * | | | | |
| JERRY C. WILSON | | | | |

Filing Fee: \$25.00