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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		al Roof Systems LLC		
SOBJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Bruce E. Loren, Esq.		
			Name of Person	
		Loren & Kean Law		
			Firm/Company	
		7111 Fairway Drive, Suite	302	
	Address			
		Palm Beach Gardens, FL 3	33418	
			City/State and Zip Code	_
		mfuggetta@thermasealroof	s.com	
		E-mail address: (to be used for future annual report notific	ration)
For fur	ther information co	oncerning this matter, please co	all:	
Bruce	E. Loren. Esq.		561 615-5701 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	5.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THERMA SEAL ROOF SYSTEMS LLC

(<u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now appe mited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Com- Florida document number <u>L13000020267</u> .	npany were filed on _	02/08/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company	here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	e designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:			20
(Principal office address MUST BE A STREET ADDRES	<u></u>		:- <u> </u>
			<u> </u>
		;	, o
Enter new mailing address, if applicable:			70
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			<u></u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres Name of New Registered Agent:		on our records, <u>enter</u>	the name of the nev
New Registered Office Address:	Enter E	lorida street address	
	r.mer r	ioriai sirvei aairess	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		·
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance on as provided for in	of my duties, and I am fo Chapter 605, F.S. Or,	amiliar with and if this document is

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
MGRM	Chanes) Sapienza	1421 Oglethorpe Road	
		West Palm Beach, FL 33405	■ Remove
			TI Classic
			Remove
			Change
			Add
			Remove
			Change
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Effective date, if other than the date of filing:) Pursuant to 605.0207 will not be listed as
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier of
Dated	
Mh//Lett	
Signature of a member or authorized representative of a member	
Michael Fugge HA	

Page 3 of 3

Filing Fee: \$25.00