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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HOMMERDING ADVISORS LLC

Account Number : I20220000171 Phone : (954)532-3842 Fax Number : (954)532-3847

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Cortorato (O) EAGID - +AX. C

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		S ROOFING LLC Name of Li	mited Linbility Company		 -
		mendment and fee(s) are st			
Please retu	an all correspond	dence concerning this matte	er to the following:		
		ALVIN HOMMERDING	i		
			Nume of Person	·	
		EAGLE TAX			
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			Address		-
		COCONUT CREEK, I'L.	33073		
			City/State and Zip Code		<u></u>
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For further i	information cond	corning this matter, please o	to be used for future unnual report no	otification)	
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Reg Div P.O	ding Address: distration Sectivision of Corp D. Box 6327 lahassee, FL 3	orations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Su	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLUTIONS ROOFING LLC				
(Name of the Ulmited Ulability Comp (A Florida Limited	pany as it now appears on our records.)		·	
The Articles of Organization for this Limited Liability Compan				
Florida document number L13000078506		– <u> </u>	nd assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "FLC" or	the ubbraciasi		
Enter new principal offices address, if applicable:	1616 EAST RIVER DR	the municaliff	On 1., L., C	
(Principal office address MUST BE A STREET ADDRESS)	MARGATE FL 33063			 ·
				
Enter new mailing address, if applicable:	1616 HAST RIVER DR			
Mailing address MAY BE A POST OFFICE BOX)				
		<u>.</u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our cacando oata al-		2023	
gent und/or the new registered office address here;	toda can our our records, enter the	<u>. иније от спо</u>	new ro	gistere
Name of New Registered Agent:			<u>ස</u>	-
New Registered Office Address:	gistered Office Address:			·
	Enter Florida street address	<u> </u>	±	
	, Florida		9	
	Cny	Zip C	ode	

New Registered Acent'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 dities, 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 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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ffective date, if other than an effective date is listed, the date inter. If the date inserted in the neument's effective date on the	ひ ひいかん ひひころ けつじ ほき	icel the applica	to date of filing or able statutory fili	(op more than 90 days aft ng requirements, ti	tional) ter filing.) Pursuant to his date will not be	605,020 listed a:
record specifies a delayed effe is filed.	ctive date, but not :	an effective tin	nc, at 12:01 a.m	on the earlier of:	(b) The 90th day :	fter the
ned JUNE, 08	,	2023	_ ·			
	///	1		•		
	Signatura of a m	ember or author	ized representativ	c of a member		
_			DELCID REYE			

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