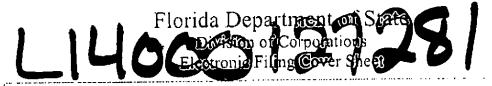
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383		7	92 TRM	1	
From:	Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065 Phone : (954)525-7500					
	Fax Number : (954)761-8475					
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT 'TO ARTICLES OF ORGANIZATION OF

TROPICAL ROOFING MANAGEMENT, L		
(<u>Name of the Limited Liablii</u> (A Florida	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L14000127281	npany were filed on AUGUST 13, 2014 an	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	d liability company here:	
RZ TRM, LLC		
The new name must be distinguishable and contain the words "Lim	I Liability Company," the designation "LI.C" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:	818 SPINNAKER DR EAST	<u></u>
Principal office address MUST BE A STREET ADDS	SS) HOLLYWOOD, FL 33019 E	5 7 7
Tringpin office down and the second	in All I	<u> </u>
Enter new mailing address, if applicable:	818 SPINNAKER DR EAST	PPRO AND FILE
Mailing address MAY BE A POST OFFICE BOX	HOLI,YWOOD, FL 33019	K F
TANKING WALLES	•	·
		ò
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		
Name of New Registered Agent:	13.19. TYRAT IDAI II AA	
New Registered Office Address: 110 S	STH STREET, ISTH FLOOR	

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.

FORT LAUDERDALE

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street oddress

, Florida 33301 Zip Code 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

Title	Name	Address	Type of Action
MGR	RICHARD ZEGELBONE	818 SPINNAKER DR EAST	————— ■ Add
		HOLLYWOOD, FL 33019	□ Remove
			☐ Change
CEO	RICHARD ZEBELBONE		[] Add
			■Remove
			[]Change
C00	RICHARD OLIVA		□Add
			■Remove
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the Date of t	ick does not meet the applicable statu	(optional) iling or more than 90 days after filing.) Pursuant to ory filing requirements, this date will not be	5 605.0207 (3) Histed as the
he record specifies a delayed effectivord is filed.	date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day	nser the
Dated MAY 2	2022		
Maria	nakseile	_١	_
	Signature of a member or authorized repre		
MADIANN'A DORUG	t, ESQ, AUTHORIZED REPRESEN	TATIVE OF MEMBER	

Filing Fee: \$25.00

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