

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L14000127281

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(((H22000160234 3)))



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To: Division of Corporations  
 Fax Number : (850)617-6383

992342.0010  
TRM

From: *CBV*  
 Account Name : TRIPP SCOTT, P.A.  
 Account Number : 07535000065  
 Phone : (954)525-7500  
 Fax Number : (954)761-8475

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

Email Address: \_\_\_\_\_

2022 MAY -3 PM 4:52

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 TROPICAL ROOFING MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 MAY -3 PM 1:20  
 APPROVED AND FILED

42000160234 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TROPICAL ROOFING MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on AUGUST 13, 2014 and assigned Florida document number L14000127281.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RZ TRM, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

818 SPINNAKER DR EAST

HOLLYWOOD, FL 33019

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

818 SPINNAKER DR EAST

HOLLYWOOD, FL 33019

2022 MAY -3 PM 1:20  
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TRIPP SCOTT, PA

ATTN: Marianna R. Sciler, Esq.

New Registered Office Address:

110 SE 6TH STREET, 15TH FLOOR

Enter Florida street address

FORT LAUDERDALE

City

Florida 33301

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.

*Marianna R. Sciler*

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD ZEGELBONE	818 SPINNAKER DR EAST	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	RICHARD ZEBELBONE		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	RICHARD OLIVA		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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