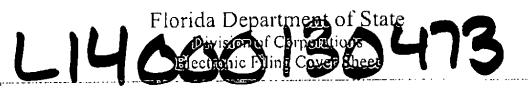
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Division of Corporations Fax Number : (850)617-6383  From: C/3 V  Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065 Phone : (954)525-7500 Fax Number : (954)761-8475  *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**  Email Address:  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  TROPICAL ROOFING PRODUCTS FLORIDA, LLC  Certificate of Status  Certificate Of Status  Certificate Copy  O	_		99	72372.001
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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROPICAL ROOFING PRODUCTS FLORIDA, I		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	numny as it now appears on our records.) cell inhibity Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000130473</u>	any were filed on AUGUST 19, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
RZ TRPF, LLC		
The new name most be distinguishable and contain the words "Limited Li		the abhreviation "L.L.C."
Enter new principal offices address, if applicable:	818 SPINNAKER DR EAST	022
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33019	A A
Enter new mailing address, if applicable:	818 SPINNAKER DR EAST	PH DOVE
(Mailing address MAY BE A POST OFFICE BOX)	HOLLYWOOD, FL 33019	
1		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:		
Name of New Registered Agent: TRIPP SCC	ott, pa Kin: Marian	na R. Sciler, Esq
New Registered Office Address: 110 SE 6TH	I STREET, 15TH FLOOR	
	Enter Florida street address	

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

City

Managing 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
MOR	RICHARD ZEGELBONE	818 SPINNAKER DR EAST	<b>∃</b> Add
		HOLLYWOOD, FL 33019	(]Remove
			□ Change
CEO	RICHARD ZEGELBONE		🖸 ^ dd
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			Change
COO	RICHARD OLIVA		C] Add
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Filing Fce: \$25.00

Typed or printed name of signee