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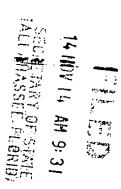
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J. Shivers NOV 2 4 2016.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dynasty Roofing Solutions Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Victor Lopis
Dynasty Roofing Solutions
4926 CrestHill dr
Tampa, Fl. 3365 City/State and Zip Code
E-mall address: (to be used for future annual report notification).
For further information concerning this matter, please call:
Name of Person at (813) 293-675 (2) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida City 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = MAMBR = AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	lanager authorized Member	
Title AP	<u>Name</u> <u>Jesaira Rivela</u>	Address 1976 Crestilili dr. Add Tampa, Fl 3365 Remove
		Add
		Add
		Remove
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		Add SSI Comove
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effective date must be specific	n the date of filing: c, cannot be prior to date of receipt or filed date the Florida Department of State)	(optional) and cannot be more than 90 days after
effective date must be specific date this document is filed by	, cannot be prior to date of receipt or filed date	
effective date must be specific date this document is filed by	, cannot be prior to date of receipt or filed date	
	, cannot be prior to date of receipt or filed date	and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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