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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Prione : (855)498-5500 Fax Number : (800)432-3622

\*\*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 EARL W. JOHNSTON ROOFING, LLC

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K. SALY OCT 3 1 2024

### COVER LETTER

	Registration Se Division of Cor			H24000363512
OUD IT C		JOHNSTON ROOFING, LLC		
SUBJEC	.l:	Name of Lin	nited Liability Company	<del></del>
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Catherine Hunter		
			Name of Person	<del></del>
		Polsinelli, P.C.		
		150 N. Riverside Plaza, St	uite 3000	
			Address	
		Chicago, IL 60606		
			City/State and Zip Code	<del></del> _
		chunter@polsinelli.com	to be used for future annual report no	otification)
For furth	er information c	oncerning this matter, please c		
Catherin	e Hunter		312 873.2952	
	Name o	f Person		ime Telephone Number
Enclosed	is a check for th	ne following amount:		
□ <b>\$</b> 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		<u>Street Address:</u> Registration S	Section
	Division of C	orporations	Division of C	orporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

From: 15055917000

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H24000363512

AKI		DRGANIZATIO	`	
	О	F	ir records.)  5, 2015 and as Signed	
			26 6 7	
EARL W. JOHNSTON ROOFING			4° 0	
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on ou Liability Company)	ir records.)	
			The state of the s	
The Articles of Organization for this Limited I	iability Company	were filed on March 26	and assigned	
Plorida document number <u>L15000005565</u>			On the second	
This amendment is submitted to amend the fol	lowing;			
A. If amending name, enter the new name	of the limited liab	ility company here:		
		•		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
-				
Enter new principal offices address, if appli	cable:	Roofing Services Solutions, LLC		
Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>	411 Theodore Fremd Avenue, Suite 125		
		Rye, NY 10580		
Enter new mailing address, if applicable:				
**	DAV			
Mailing address MAY BE A POST OFFICE	<u>. B(/A)</u>	-		
B. If amending the registered agent and/or agent and/or the new registered office address.	***	address on our records	s, enter the name of the new registered	
igent and/or the new registeres of the assure	as urie.			
	Comoration Se	rvice Company		
Name of New Registered Agent:	Corporation Sc	Trice Company		
New Registered Office Address:	1201 Hays Stre	eel		
New Acgistered Office Address.		Enter Florida stre	ret address	
		12/10/17/10/10/10/10		
	Talahassee	121111111111111111111111111111111111111	, Florida	

### 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.

Brandan Shalla Assistant Secretary
If Changing Registered Agent, Signature of New Registered Agent

II amending or removed	; Authorized Person(s) authorized to r from our records:	manage, enter the title, name, and address of each	person being added
MGR = M $AMBR = A$	anager uthorized Member	Planage, enter the title, name, and address of each control of the	H24000363512
<u>Title</u>	Name	Address TALLAHASSEE, FLORID	Type of Action
MGR	Earl W. Johnston, Jr.	5721 Dewey Street	/ □Add
		Hollywood, FL 33023	■Remove
			Change
MGR	Lynne A Johnston	5721 Dewey Street	□Add
		Hollywood, FL 33023	■Remove
			□ Change
AMBR	Roofing Services Solutions, LLC	411 Theodore Fremd Avenue, Suite 125	<b>=</b> Add
		Rye, NY 10580	□Remove
			□Change
CEO	Roy Ritenour	5721 Dewey Street	<b>=</b> Add
		Hollywood, FL 33023	□Remove
			□Change
SECT.	Earl W. Johnston, Jr.	5721 Dewey Street	<b>≣</b> Add
		Hollywood, FL 33023	□Remove
			□Change
V.P	Clarke Ryan	2200 Lucien Way Suite 400	<b>=</b> Add
		Maitland, FL 32751	

\_\_\_\_\_ □Remove

\_\_\_\_\_ □ Change

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Effective date, if other than the Tan effective date is listed, the date must be Note: If the date inserted in this blue document's effective date on the D	st be specific and cannot be ock does not meet the a	prior to date of fili pplicable statuto	ng or more than 90 day	(optional) is after filing.) Pursua is, this date will no	nt to 605.0207 (3 be listed as th
e record specifies a delayed effectived is filed.	e date, but not an effect	ive time, at 12:0	a.m. on the earlier	of: (b) The 90th c	lay after the
	2024				
October 31					
Dated October 31  Clarke Ryan 400038E3F700405	Signature of a member or				