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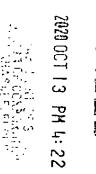
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COVER LETTER

	ation Section n of Corporations
SUBJECT:	Advanced Roofing Services, LLC
30 b 3EC1	Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Thomas R Wharton
	Name of Person
	Advanced Roofing Services, LLC
	Firm/Company
	310 Dolphin St.
	Address
	Gulf Breeze, FL 32561
	City/State and Zip Code
	twharton1@gmail.com E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
-	Thomas R Wharton at (850) 232 - 6761
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
□ \$25.00 Filin	g Fee X \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	ration Section on of Corporations ox 6327 assee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5

ADVANCED	ROOFING S	SERVICES, L	LC	0 1
(Name of the Limited (A	Liability Compa A Florida Limited I	ny as it now appear liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on	07/29/2015	Fand assigned
Florida document numberL15000128	128			
This amendment is submitted to amend the follow	ving:			22
A. If amending name, enter the new name of t	the limited liabi	lity company he	ere:	
WHARTON ROOFING SERVICE		- .		
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	N/A (no ch	nange)	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or regagent and/or the new registered office address	gister e d office a	N/A (no c		ame of the new registered
Name of New Registered Agent:	N/A (no cl	nange)		
New Registered Office Address:	N/A (no cl	nange)		
		Enter Flor	ida street address	
			, Florida	
		City		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.

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
			□Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□ Remove
			□Change
			
			□ Remove
			□Change
		A	□Adđ
			□Remove
			□Change
	-		□Add
			□Remove
			□Change
			□Add
			□Remove
			M Change

D. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing: December 1, 2020 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
f the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	October 12 Signature of a member or adulforized representative of a member
	THOMAS R. WHARTON Typed or printed name of signee