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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	THE Rook Name of Limi	ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.		
Please return all corresponde	nce concerning this matter t	to the following:		
		Name of Person THE SOLAN GO Firm/Company 3624 S. US Address MENFIELD FC 3 City/State and Zip Gode NT @ THE SOLAN to be used for future annual report notific	Hwy. 441	SEGRETARY OF STATE FLORIDA
For further information conc	erning this matter, please ca			3: 48
Name of Pe Enclosed is a check for the fe	ollowing amount:	Area Code Daytime	□ \$60.00 Filing Fee, Certificate of Status & 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 ROOF	GUYS	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/5000/5425</u> 2	were filed on <u>SEPT.</u>	9 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The Lahtning Guls LLC The new name must be distinguishable and contain the words "Limited Liabi	_	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		7 7
Enter new mailing address, if applicable:	NA	JAN 25
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ecords, enter the name of the new
Name of New Registered Agent:	'IA	···
New Registered Office Address:	Enter Florida stree	address
	City	, Florida 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 Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	anager uthorized Member		
<u> </u>	Name	<u>Address</u>	Type of Action
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ed	1/23/17 M		Tul		
	Signature of a	a member or authoriz	ed representative of	a member	

Page 3 of 3

Filing Fee: \$25.00