## L15000208159

(Requestor's Nam	e)
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(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer:	
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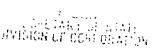
## COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJEC	Kanna Roof	ing LLC			
SOBJE		Name of Lim	ited Liability Company		<del></del>
		Amendment and fee(s) are sub	·		
		Anoop Nayee			
			Name of Person		
		Karına Roofing LLC			
			Firm/Company		
		2430 E Robinson St			
			Address		<del></del> _
		Orlando, Fl. 32803			
			City/State and Zip Code		<del></del>
		anoop@karmaroofing.com			<del></del>
			to be used for future annual re	port notification)	
For furth	ier info <del>rm</del> ation co	ncerning this matter, please of	all:		
Thomas	William Evans		407 906 - at ()	- 4077	
	Name of	Person	Area Code	Daytime Telepho	ne Number
Enclosed	is a check for the	e following amount:			
<b>\$</b> 25.	.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>i</u>	Street Ado	<u>lress:</u>	

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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



Karma Roofing LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/15/2015 and assigned Florida document number L15000208159 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A
The new name must be distinguishable and contain 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) N/A 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: N/A\_\_\_\_\_ Name of New Registered Agent: New Registered Office Address: 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.

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	Membe

MGR = N $AMBR = N$	Aanager Authorized Member	in early and the second	PETART OF STATE IN OF SCHEGRATION T
<u>Title</u>	Name		iR 18 PM 4: U5
MGR	James Hurst	2430 E Robinson St	
		Orlando, FL 32803	□Remove
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fan effectiv <u>Note:</u> If th	date, if other than the date of filing:  e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dee date inserted in this block does not meet the applicable statutory filing requirements effective date on the Department of State's records.	ays aft		g.) Pur		
record sp I is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of: (	(b) T	he 90	th da	y after the
ated	3/16/21					
	Signature of a member or authorized representative of a member					_
	Anoop Nayee, Member  Typed or printed name of signee					