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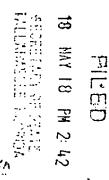
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SURJECT: Roofing Revolution Contractors, LLC 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:
Mristoffer Sompson Name of Person
Runfing Revolution Contractors, LCC
2500 Musselwhile Ave
Orlando, Fl 32804 City/State and Zip Code
KSamoson 15 @ Notingil Com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Krictoffer Sampson at (321) 303-0802 Name of Person 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) Second Filing Fee & □ \$60.00 Filing Fee, 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

Roofing Revolution (Name of the Limited Liable	DAT COMPANY as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L1700007679</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the line Revolution Contractors Rock The new name must be distinguishable and contain the words "Line new name must be distinguishable and contain the words "Line new name must be distinguishable and contain the words "Line new name of the line new name name new name	mited liability company here: imited 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 ADE	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	B NA FILE
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ffective date, if other than the date of fan effective date is listed, the date must be specificate: If the date inserted in this block does not ment's effective date on the Department	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 not meet the applicable statutory filing requirements, this date will not be listed as
e record specifies a delayed effective. The 90th day after the record is fil	ve date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of led.
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//a	of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00