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COVER LETTER

TO:

Registration Section

Division of Co	rporations					
SUBJECT:	Weahter Sheild R	oofing & Construction	LLC			
		nited Liability Company				
The enclosed Articles of	! Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Chaz S. Sapp				
		Name of Person				
	lr	inovator Roofing LLC				
	1430 SV	V 97th Terrace Pembroke P	ines			
		Address				
	Pemb	roke Pines, Florida 33025				
		City/State and Zip Code				
	W6	erooflfl@gmail.com to be used for future annual report not				
rangan tagan		•	ancation)			
or further information (concerning this matter, please c	all:				
Chaz S. Sapp		at (954) 870-8738				
Name	of Person		ne Telephone Number			
inclosed is a check for t	he following amount:					
☑ \$25.00 Filmg 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 Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	& Construction L	.LC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appeared Liebility Company	ars on our records.) ,
(75 F RATIDA LATITI	ned Liability Company)		
The Articles of Organization for this Limited Liability Comp	any were filed on _	February 22	2, 2018 and assigned
Florida document number <u>L180000047892</u>			The first
This amendment is submitted to amend the following:			是少
A. If amending name, enter the new name of the limited	liability company h	ere:	, ru
Innovator Roofing	a LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the	designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
			,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
P. If assumption of the second state of the se			
B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here:	ce address on our r	ecords, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo.	nda street address	
<u></u>		Flori	da _
	Ciņ		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Remove
			Change
			□∧dd
			□Remove
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n effect <u>ste:</u> If	date, if other ive date is listed, t the date inserted Us effective date	he date must be sp I in this block d	ecific and c oes not me	amnot be prior	r to date of fil: cable statuto	ing or more the	(opt in 90 days after irrements, th	r filing.) Pursua	unt to 605.026 of be listed a
ecord s is filed	pecifies a delay	ed effective date	e, but not a	m effective t	ime, at 12:0	l a.m. on the	earlier of: (b) The 90th	day after th
ıcd	July	1		2020	<u>.</u> .				
		C	is Soil	É_		entative of a n			
		Signi	The of In	ember or auth	ionzed repres	entative of a n	rember		

Filing Fee: \$25.00