## L18000058037

(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

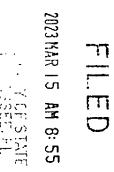
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## **COVER LETTER**

Gale Force	Rooting and Restoration, LLC		
-	Name of Lim	ited Liability Company	<del></del>
Articles of	Amendment and fee(s) are sub	mitted for filing.	
		-	
	Jeremy Bailie		
		Name of Person	
	Weber, Crabb & Wein, P./	١.	
		Firm/Company	
	5453 Central Avenue		
		Address	· · ·
	St. Petersburg, Florida 337	10	
		City/State and Zip Code	<del> </del>
	· · · · · · ·		
	E-mail address: (	to be used for future annual report notif	ication)
formation c	oncerning this matter, please co	all:	
ailie		727 828-9919	
Name o	Person	Area Code Daytime	: Telephone Number
check for th	ne following amount:		
iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address: Registration Sec	ction
Division of Corporations		Division of Corp	porations
	formation contile  Name of the check for the	Articles of Amendment and fee(s) are sub all correspondence concerning this matter  Jeremy Bailie  Weber, Crabb & Wein, P./  5453 Central Avenue  St. Petersburg, Florida 337  jeremy,bailie@webercrabb.  E-mail address: ( formation concerning this matter, please contile  Name of Person  check for the following amount: iling Fee \$30.00 Filing Fee & Certificate of Status  ling Address: iistration Section ision of Corporations . Box 6327	Gale Force Roofing and Restoration, LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Jeremy Bailie  Name of Person  Weber, Crabb & Wein, P.A.  Firm/Company  5453 Central Avenue  Address  St. Petersburg, Florida 33710  City/State and Zip Code  jeremy.bailie@webercrabb.com  E-mail address: (to be used for future annual report notifing formation concerning this matter, please call:  tilite  Name of Person  Termit address: (to be used for future annual report notifing formation concerning this matter, please call:  tilite  Name of Person  Crecificate of Status  Certificate Opy (additional copy is enclosed)  Ling Address:  itstration Section  Registration Section  Street Address:  Registration Section Scion of Corporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gale Force Roofing and Restoration, LLC (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 March 5, 2018 \_ and assigned Florida document number L18000058032 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lifetime Quality Roofing - Tampa LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) œ̈ 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida

## 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>	Name	Address	Type of Action
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ecord specifies a delayed effectivis filed.  ted March 9  Jeremy	2023  1 D. Bailie  Signature of a member or author			

Filing Fee: \$25.00