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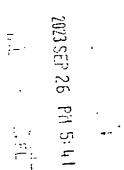
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COVER LETTER

	egistration Sec vision of Corp			
CUBUCT	Lifetime Qu	ality Roofing - Tampa LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclose	ed Articles of /	Amendment and fee(s) are subt	mitted for filing.	
Please retu	m all correspor	ndence concerning this matter t	to the following:	
		Jeremy Bailte		
			Name of Person	
		Weber, Crabb & Wein, P.A	۸.	
			Firm/Company	
		5453 Central Avenue		
			Address	
		St. Petersburg, Florida 337	10	
		jeremy.bailie@webercrabb.	City/State and Zip Code	
		•	to be used for future annual report no	otification)
For further	information co	oncerning this matter, please ca	all:	
Jeremy D.	Bailie	_	727 828-9919 at ()	
	Name of	f Person	Area Code Dayti	me Telephone Number
Enclosed 1	s a check for th	ne following amount:		
□ \$25.00) Filing 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

2023 SEP 26 PH 5: 41 Lifetime Quality Roofing - Tampa 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: Gale Force Roofing and Restoration, LLC 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) 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

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
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