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| SUBJEC | CT: | | | | | |
| The encl | VIGILANTE & FAMILY ROOFING SERVICES LLC Name of Limited Liability Company Flosed Articles of Amendment and fee(s) are submitted for filing. etrum all correspondence concerning this matter to the following: JEANETTE L SHELTON Name of Person VIGILANTE & FAMILY ROOFING SERVICES LLC Firm/Company 4851-1 ROSSELLE ST Address JACKSONVILLE FL 32254 City/State and Zip Code JEANETTE.SHELTON@ATT.NET Fmail address: (to be used for future annual report notification) her information concerning this matter, please call: TTE SHELTON Name of Person Name of Person Daytime Tetephone Number | | | | | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | | | |
| | | JEANETTE L SHELTON | | | | |
| | | | Name of Person | | | |
| | | JEANETTE L SHELTON Name of Person VIGILANTE & FAMILY ROOFING SERVICES LLC Firm/Company 4851-1 ROSSELLE ST Address JACKSONVILLE FL 32254 City/State and Zip Code JEANETTE.SHELTON@ATT.NET E-mail address: (to be used for future annual report notification) | | | | |
| | | | Firm/Company | | | |
| | | 4851-1 ROSSELLE ST | | | | |
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| For furth | er information c | oncerning this matter, please c | all: | | | |
| JEANET | TE SHELTON | | | | | |
| | Name o | f Person | | ne Telephone Number | | |
| Enclosed | is a check for th | ne following amount: | | | | |
| ☐ \$25.0 | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Mailing Addres Registration S | | Street Address: Registration Se | ection | | |
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| | P.O. Box 632 | .7 | The Centre of | Tallahassee | | |
| , | Tallahassee, I | FL 32314 | 2415 N. Monro | oe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 NOV 22 AM 7: 33

VIGILANTE & FAMILY ROOFING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our getords)

(A Florida Limited Liability Company).

The Articles of Organization for this Limited Liability Company were filed on $\frac{03/19/2018}{1}$ and assigned Florida document number _LI8000069636 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 _, Florida _ City

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 |
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