L18000103056

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Tallahassee, FL 32314

	ation Sect n of Corpo			
Rose Rose	of It Better	, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The englaced Ag	tialos of A	mendment and fee(s) are sub	without for Clina	
		dence concerning this matter	_	
r lease return arr	соптевроп	ience concerning this matter	to the following.	
		Timothy Mehaffey		
			Name of Person	
		Roof It Better, LLC		
			Firm/Company	
		1100 N Florida Mango Rd	Suite G	
			Address	
		West Palm Beach, FL 3340	99	
			City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notification)	2::
For further inform	nation con	cerning this matter, please ca	·	
Timothy Mehaff	ev	-	561 437-1031	
-	Name of P	Person	at ()	
				ارمیه بیر ۲۰۰۰ شد
Enclosed is a che	ck for the	following amount:		;-, G
■ \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
Registi Divisio	Address: ration Se on of Cor ox 6327	ction porations	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

Roof It Better, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the al	obreviation "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 agent and/or the new registered office address here:	e address on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	t:	· · · · · · · · · · · · · · · · · · ·

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brittany Mercado	2602 SW 15th Street	
		Deerfield Beach, FL 33442	□Remove
			
MGR	Martha Mercado	2602 SW 15th Street	
		Deerfield Beach, FL 33442	□Remove
		·	□ Change
			□Add
			□Remove
			Change
			,⊞Chaffige
			🗖 Add
			Remove
			Change
			🗆 Add
			Remove
			□ Change

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ctive date, if other than the date of filing:	optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.
	icable statutory filing requirements, this date will not be liste
ament's effective date on the Department of State's records	S.
and enacified a delayed effective data but not an effective	sings at 12:01 and another applicant (b). The 00th day after
filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed Febuary 3rd	
	<u> </u>
- Audit	horized representative of a member

Filing Fee: \$25.00