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COVER LETTER

	gistration Sec vision of Corp			
end leze		ROOFING BROKERS LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspoi	ndence concerning this matter	to the following:	
		JEFF B SMITH		
			Name of Person	
		HERITAGE ROOFING BI	ROKERS LLC	
			Firm/Company	
		116 LANDMARK STREE	Т	
			Address	
		MARCO ISLAND, FL 341	145	
		smith.jef172@yahoo.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual repo	ort notification)
For further i	nformation co	ncerning this matter, please ca	di:	
JEFF B SM	ITH		270 779-85	
	Name of	Person	Area Code I	Daytime Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	S30.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERITAGE ROOFING BROKERS LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L18000154459}{L18000154459}$.	any were filed on 06/25/2018		_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company here:			
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC	or the abbre	viation "l	"L.C."
Enter new principal offices address, if applicable:		**	22	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
		នាក់ រ• ប	<u> </u>	
		-02	28	
Enter new mailing address, if applicable:		<u></u>	<u> </u>	Ti
(Mailing address MAY BE A POST OFFICE BOX)				(
			53	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		, enter the	e name	of the ne
Name of New Registered Agent:		<u></u>		
New Registered Office Address:	Enter Florida street addres:	<u> </u>		
	, FIC	and assigned or the abbreviation "L.L.C." 20		

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
MGR	JEFF B SMITH	116 LANDMARK STREET	
		MARCO ISLAND, FL 34145	□ Remove
		 	Change
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