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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TR'S ROOFing + Remodeling LLC Name of Dmited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lonzell Knox JR Name of Person TR's Roofing + Remodeling LLC Firm(Company)
5317 Quarters CT. Address
Campbe 11ton FC, 32426 City/State and Zip Code LKNOCKS 94260 GMail. Com. E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Lonzell Knox at (334) 648-9071 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee \\$\Bigsquare \Bigsquare \\$55.00 Filing Fee \\$\Bigsquare \Bigsquare \Bigs
Mailing Address: Registration Section Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Name of the Limited Liability Cor (A Florida Limit	Remodeling LL(npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L18000 A13369</u> .	any were filed on $9-7-2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I Remodeling to The new name must be distinguishable and contain the words "Limited Limited L	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5317 Quarters Ct. Campbellion, FL. 32426
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	5317 Quarters (t. Campbellton, FL, 32426
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
	Lell Knox JR Quarters CT, Enter Florida street address
	ell ton Florida 32426 City Zip Code

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	Lonzell Knox	5317 Quarters Ct. 80	X IAdd
		Campbellton FL, 32426	□Remove
			□Change
			□Add
			□Remove
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			Change

	
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(If an eff	ive date, if other than the date of filing:
the recordisti	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member or authorized representative of a member