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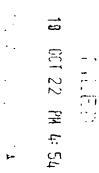
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to Filir	ng Officer:	

Office Use Only



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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE	ст: <u>Қо</u> о	FING SOULOU? Name of Limi	TIONS COMPANY ted Liability Company	·
The end	losed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		JAMES W.	IDALE TII Name of Person	
			Firm Company	PLAC
		4200 HALL	114/1 131 VI) Address	
		NAPTES F	L / 3 4/// 2 City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ication)
For furt	her information co	ncerning this matter, please ca	ill:	
_JA	MESKDALE Name of	Person	at (<u>202)</u> 210 ~ Area Code Daytimo	3 40 9 : Telephone Number
Enclose	ed is a check for the	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- ROOFING.	Sould Linked Liability Company as it now appears (A Florida Limited Liability Company)	OUPLL
(Name of the Limi	(A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L	iability Company were filed on <u>えき</u>	PTEMBER 17, 2018 and assigned
Florida document number <u>L1800021</u>		. ,,
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company her	r <u>e</u> :
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
		22
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	<u>ධ</u>
		,
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on fice address here:	our records. enter the name of the new
Name of New Registered Agent:	DANIEL M. L.	OPEZ
New Registered Office Address:	DANIEL M. L. 4)300 HAWAII 13 Enter Florid	LV)) NAPLES ia street address
	NAPLES City	Florida 34/12 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.

Manuf M. Language 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>	Name	Address	Type of Action
MANAGER	JAMES WIDALE TO	4200 HAWAII BLVD NAPLES 1-4,34112	DF Add
			Remove
			Change
			□ Add
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			□ Change
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ne: 11 me date insei	ner than the date of filit d, the date must be specific ar rted in this block does not date on the Department of	meet the applicable s	e of filing or more than 90 statutory filing requiren	(optional) days after filing.) Pursua nents, this date will no	int to 605.02 of be listed :
The 90th day aft	s a delayed effective ter the record is filed	1.	effective time, at	12:01 a.m. on the	earlier
OCTO	BER 19TH	_			
ted	1/18	<u>. 2018</u> .			
	han On 6	1 -			
' ' /		a member or authorized			

Page 3 of 3

Filing Fee: \$25.00