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COVER LETTER

TO: Registration Se Division of Cor			
LOOKUP	ROOFING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BENJAMN MURPHY		
		Name of Person	
	-	Firm/Company	
	6759 SPIRIT LAKE CUT	OFF RD	
		Address	
	PRIEST RIVER, ID 8385	56	
		City/State and Zip Code	
	FRIENDLYCORPORATE	•	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
BENJAMIN MURPHY		208 6101962	
Name v	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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

LOOKUP ROOFING LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/09/2018 and assigned Florida document number __L18000263280 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Circ

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 = Mar AMBR = Aut	nager thorized Member			
<u>Title</u>	Name	<u>Address</u>	Type of Action	
AMBR	DANIEL SHROCK	259 PARK DR		
		SPIRIT LAKE, ID83869	□ Remove	
			Change	
mbl	Michael	312 NW 5th Mitchellille,: 5016	Add	
	Murphy	Mitchelbilk,	IA □ Remove	
	• 1	5016	G □ Change	
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an effe	ective date is listed, the	date must be specific and	cannot be prior to o	date of filing or more tha	n 90 days after filing.) Pursua	nt to 605,0207 (
		i this block does not m n the Department of S		e statutory filing requ	irements, this date will no	t be listed as t
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Filing Fee: \$25.00

Typed or printed name of signee