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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PRO ROOFING Name of Lim	3 LLC. ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
FRANK E.	SNYDER Name of Person
	Firm/Company
7321 Cop.	enhagen DR.
PANAMA Ci	Lity/State and Zip Code V9 (a) Code Cod
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please co	all:
FRANK E. SNYDER Name of Person	at (<u>678</u>) <u>760 605</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A	AMENDMENT
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PRO Roofing 3 116	Py 1:54
The Articles of Organization for this Limited Liability Company florida document number $\frac{1900004139}{139}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	FRANK E. SNYPER
Principal office address MUST BE A STREET ADDRESS)	7321 Copenhagen DR. P.C., Fl. 32404
Enter new mailing address, if applicable:	·
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office angent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
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 Agent:	
hereby accept the appointment as registered agent and agreorovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as posing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Remove
			□ Change
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an effective dat lote: If the da	e is listed, the date m ite inserted in this l	ne date of filing: _ ust be specific and can block does not mee Department of State	mot be prior to t the applicab			ing.) Pursuant to	
	es a delayed effect	ive date, but not an	effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day a	fter the
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	$\overline{}$	Signature of a mer	incror authoriz	zed representative of	a member	<u> </u>	

Filing Fee: \$25.00