Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H250000332343ABCW

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 : (813)932-5244 Phone : (813)932-3782 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@activatemylicense.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIG U.S. SHINGLE, LLC

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## **COVER LETTER**

	•	00.01.22.12.1	
TO: Registration Se Division of Cor			·
SUBJECT: U.S. SH	INGLE, LLC		
30 <b>5</b> 0 <b>5</b> 01.	Name of Lin	nited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_		
	JANINE MITCHELL	· · · · · · · · · · · · · · · · · · ·	<del></del>
		Name of Person	
	CONTRACTORS R	EPORTING SERVICE IN	IC
		Firm/Company	
	23110 SR 54, PMB	336	
		Address	
	LUTZ, FL 33549		
		City/State and Zip Code	<del></del> -
	info@activatemylice	nse.com	
	E-mail address: (	to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
JANINE MITCHEL	L	813 932-52	44
Name of Person		Area Code Dayti	me Telephone Number
Englaced is a shock for th	o following amount:		
Enclosed is a check for the	ic following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

:34 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

U.S. SHINGLE, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records, ability Company)	<b>)</b>		
The Articles of Organization for this Limited Liability Company Florida document number L19000004749	were filed on 1/2/2019	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
U S SHINGLE AND METAL LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		<b>26</b>		
(Mailing address MAY BE A POST OFFICE BOX)				
(Maying matress MAT BE A POST OFFICE BOX)		<u> </u>		
		<b>20</b> E		
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter th</u>	ie name of the new registered		
agent and/or the new registered office address here:		8: 52 8: 52		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u></u>	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is		

If Changing Registered Agent. Signature of New Registered Agent

From: Janine Mitchell Fax: +18139325244

To: Div of Corps -LLC

Fax: +18506176383

Page: 4 of 5

01/28/2025 3:23 PM \_\_\_34 3)))

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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change
			⊡Add
			Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove

Filing Fee: \$25.00

WILLIAM MOORE

Typed or printed name of signee