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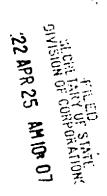
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T. MATTHEWS
JUN 14 2022

COVER LETTER

TO:

Registration Section

Division of Co	rporations							
	FING, LLC							
SUBJECT:	Name of Lim	nted 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:						
	CHAPARRO, GENE W							
		Name of Person						
	SKY ROOFING, LLC							
		Firm/Company						
	3804 11 Street W							
		Address						
	LEHIGH ACRES, FL 33971							
		City/State and Zip Code						
	FLS.OFFICE@aleonBUS	INESERVICES.COM						
	E-mail address: (to be used for future annual report noti	fication					
For further information c	oncerning this matter, please ea	all:						
GENE CHAPARRO		239 789-5403						
Name o	f Person	at () Area Code ——Daytim	e Telephone Number					
Enclosed is a check for t	he following amount:							
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed:	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)					
Mailing Address Registration 5	Section	Street Address: Registration Sec						
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•					
Tallahassee.			e Street, Suite 810					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILEU STATE OF SECRETARY OF STATE OF CORPORATIONS

KY ROOFING, LLC

22 APR 25 AM 10: 07

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/08 2019 and assigned Florida document number 1.19000175455 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

(Name of the Limited Liability Company as it now appears on our records.)

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.

City

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	CALDERON HERNAN	3804 11 Street W LEHIGH ACRES, FL 33971	□Add
			■Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
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ffective date, if other than than effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	ust be specific an plock does not	nd cannot be pr meet the app	licable statutor	g or more than 90 y filing requiren	(optional) days after filing.) P nents, this date w	ursuant to 605.020' Il not be listed as
record specifies a delayed effect is filed.	ive date, but no	ot an offective	etime, at 12;01	a.m. on the ear	ier of: (b) The ^s	90th day after the
APRIL 15		2022	·			
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