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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: TIER ONE LICENSES LLC Account Name

Account Number : I20230000120

Phone

; (321)989-7356

Fax Number : (321)341-8522

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

Emmil Address:	joel@premiumroofingrestoration.com
Email Address:	J-4Ek

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUJAN FINANCIAL GROUP, LLC

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M. SOLOMON MAY 2 0 2024

To: +18506176383

COVER LETTER

	gistration Sec ision of Corp			(((H24000178063 3)))
enn in <i>o</i> æ	LUJAN FIN	NANCIAL GROUP, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Joel A. Lujan		
		<u> </u>	Name of Person	
		LUJAN FINANCIAL GRO	OUP, LLC	
			Firm/Company	
		5020 Clark Rd. #306		
			Address	
		Sarasota, FL 34233		
			City/State and Zip Code	30 G
		joel@premiumroofingrestor	ration.com to be used for future annual report noti	ication)
For further in	nformation co	oncerning this matter, please c	·	ication)
Lisa Adams			321 989-7356	
	Name of	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 1	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)
	iling Addres gistration S		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

From: +13213418522 (Lisa Adams)

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provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and caccept 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.

To: +18506176383

_ 🗆 Change (((H24000178063 3)))

0

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		(((H24000178963 3)))		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
	***************************************	1227	□ Add	
			□ Remove	
			□Change	
			□Add	
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			Change	
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			□Remove	
			Change	
			□Add	
			□Remove	
			□Change	
			□Remove	

From: +13213418522 (Lisa Adams)

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D. If amending any other inform	ntion, enter change(s) here: <i>(Atta</i>	ch additional sheets, if necessary)		
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			: 7);	
E. Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this document's effective date on the	st be specific and cannot be prior to date of lock does not meet the applicable stat	(optional) filing or more than 90 days after filing.) utory filing requirements, this date of	Pursuant to 605.02 will not be listed	(3)(b) as the	
If the record specifies a delayed effect record is filed.	ve date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The	: 90th day after t	nc	
Dated May 16	. 2024				
	1				
	Signature of a member or authorized rep	resentative of a member	_		
Joel A. Lujan	Typed or printed name (of signee			

 $\{((\text{H24000178063 3}))\}$

Filing Fee: \$25.00