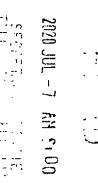
# L19000287544

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
<del></del>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



400347761834



50 to ... [- ... 2.1]

10L 0 8 2020

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 343669 4367001	
AUTHORIZATION : Spelle de man	
COST LIMIT : \$25/00	
ORDER DATE : July 6, 2020	
ORDER TIME : 10:35 AM	
ORDER NO. : 343669-005	
CUSTOMER NO: 4367001	
DOMESTIC AMENDMENT FILING	
NAME: THE SERVICE INDUSTRY SOFTWARE LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  YXX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	

EXAMINER'S INITIALS:

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

## **COVER LETTER**

	Registration Section Division of Corporations			
eup meer.	The Servi	ice Industry Software LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	R. Wayne Moore/Darci D	arby		
		Name of Person		
	Sprouse Shrader Smith PL	LC		
		Firm/Company		
	701 S. Taylor, Suite 500			
		Address		
	Amarillo, TX 79101			
	**************************************	City/State and Zip Code		
	darci.darby@sprouselaw.co			
For further information of	E-mail address: ( concerning this matter, please c	(to be used for future annual report notification)		
R. Wayne Moore		806 468-3307		
Name o	f Person	Area Code Daytime 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 & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration S		Street Address: Registration Section		
Division of C		Division of Corporations		
P.O. Box 632	27	The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Service In	dustry Software LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ited Liability Company)	од ou <u>r records.</u> )		_
The Articles of Organization for this Limited Liability Comp	any were filed on	11/19/2019	and	assigned
Florida document number L19000287544				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :		
Roof One, LLC				
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	ignation "LLC" or the a	bbreviation	"L.L.C."
Enter new principal offices address, if applicable:	<del></del>			<del></del>
(Principal office address MUST BE A STREET ADDRESS	7)			
	_	-		
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			H.S.	2021
-			121	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	-		. = 1	
		<del></del>	<u> </u>	<u></u> .
79. 16. 11. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16				-
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our rec	ords, <u>enter the nan</u>	ne of the	new registere
			 	<u></u>
			문때	Ö
Name of New Registered Agent:			_	
New Registered Office Address:				
	Enter Florid	a street address		<del></del>
		. Florida		
	City		Zip Co	de

### 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>	<del></del>	□Add
			□Remove
			Change
			∐Add
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			ÜRemove
			□Change

	Article III: Other provisions, if any:
	The purpose of the limited liability company is to own and operate a roofing company.
_	
_	
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_	<del></del>
rtiv	e date, if other than the date of filing:(optional)
:fTec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
	f the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed at's effective date on the Department of State's records.
	·
ord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after
filo	d.
	2020
i _	
d _	-D1 1 9 A
۱_	Signature of a member or authorized representative of a member
_	Signature of a member or authorized representative of a member  Robert Gideon, Manager

Filing Fee: \$25.00

# **COVER LETTER**

Tallahassee, FL 32314

	on Section f Corporations
CUBICOT.	The Service Industry Software LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.
Please return all co	πespondence concerning this matter to the following:
	R. Wayne Moore/Darci Darby
	Name of Person
	Sprouse Shrader Smith PLLC
	Firm/Company
	701 S. Taylor, Suite 500
	Address
	Amarillo, TX 79101
	City/State and Zip Code
	darci.darby@sprouselaw.com
For further informa	E-mail address: (to be used for future annual report notification) ion concerning this matter, please call:
R. Wayne Moore	806 468-3307
1	at ()  ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing I	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing A Registra	ddress: Street Address: ion Section Registration Section
Division	of Corporations Division of Corporations
PO Box	6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303