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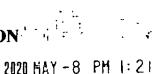
Division	tion Section of Corpora			ii.	ı	
	fRX LLC		2			
SUBJECT:		Name of Limit	ted Liability Company			
The enclosed Arti	cles of Ame	endment and fee(s) are sub-	nitted for filing.			
Please return all c	ortesponder	nce concerning this matter t	o the following:			
	I	Miles Garner				
	-		Name of Person	- -		
		Roof RX LLC				
	•		Firm/Company		-	
		12766 Ivory Stone Loop				
	-		Address			
		Fort Myers, FL 33913				
	•		City/State and Zip Code			
	n —	niles@roofrx.net E-mail address: (1	to be used for future annual re	eport notification)		
For further inform	nation conc	erning this matter, please ca				
Miles Garner				-8070		
	Name of Per	rson	Area Code	Daytime Teleph	one Number	
Enclosed is a che	ck for the fo	ollowing amount:				
■ \$25.00 Filing	g Fec [□ \$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)	
	Address:		Street Ad			
Registration Section			Registration Section Division of Corporations			
	Division of Corporations P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



ROOF RX LLC

(Name of the Limited Liab (A Flor	oility Company as It now appears or ida Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability Florida document number L2000002687	12/	20/2019
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our reco	rds, enter the name of the new rec
agent and/or the new registered office address here		to see the mant of the new reg
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:

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 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
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ocument's effective date on the	Department of State's r	records.			
record specifies a delayed effecti	ive date, but not an effe	ective time at 12:	Olam on the earlie	r of: (b) The 90th day s	ifter th
is filed.	vo date, but not an erre	enve mile, at 12.	or ann on the carre	01. (0)	
May 5th	2020	1			
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	Signature of a member				

Filing Fee: \$25.00