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COVER LETTER

Registration Section

TO:

Div	rision of Cor	porations			
SUBJECT:	Fortification Testing & Emergency Services, LLC Name of Limited Liability Company				
SOBJECT.					
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Aaron Thalwitzer, Esq.			
			Name of Person		
		Gordon & Thalwitzer			
			Firm/Company	 -	
		299 N. Orlando Ave.			
			Address		
		Cocoa Beach, FL 32931			
			City/State and Zip Code		
		aaron@brevardlegal.com			
		E-mail address: (t	to be used for future annual repo	ort notification)	
For further i	nformation co	oncerning this matter, please ca	all;		
Aaron Thalv	witzer		321 799-47	777	
	Name of	Person	Area Code 1	Daytime Telephone ?	dumber
Enclosed is a	a check for th	e following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	Ce i) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy (ditional 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fortification Testing & Emergency Services, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on April 3, 2020	and assigned
Florida document number L20000096034		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Florida Fortified Roofing Services, LLC		
The new name must be distinguishable and contain the words "Limited L	ability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	_
		3. Ø
		202
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- 7
		<u> </u>
		mage:
B. If amending the registered agent and/or registered offi	ce address on our records, enter the i	
agent and/or the new registered office address here:	e ³	60
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	1
	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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID. 903A2317-8B81-4F46-BC88-211D25C844C8 in amending Authorized rerson(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
			□Add
		·	Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
(If an ei <u>Note:</u>	ive date, if other than the date of filing:
If the reco record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	April 29 2024
	DocuSigned by:
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00