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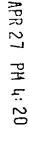
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all correspo	ndence concerning this matter	to the following:	
	George Rodriguez		
	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: George Rodriguez Name of Person Accu Roofing LLC Firm/Company 430 NW 32nd AVE Address Miami, FL 33125 City/State and Zip Code George.rod12@outlook.com E-mail address: (to be used for future annual report notification) Incerning this matter, please call: Person at (
	Accu Roofing LLC		
		Firm/Company	<u></u>
	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: George Rodriguez Name of Person Accu Roofing LLC Firm/Company 430 NW 32nd AVE Address Miami, FL 33125 City/State and Zip Code George.rod12@outlook.com E-mail address: (to be used for future annual report notification) Incerning this matter, please call: 2 Sol.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Street Address:		
		Address	
	Miami, FL 33125		
	George.rod12@outlook.		
	E-mail address: (to be used for future annual report	notification)
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	Accu Roo Articles of all corresponding all corresponding and corresponding and check for the iling Fee	Articles of Amendment and fee(s) are subtall correspondence concerning this matter George Rodriguez Accu Roofing LLC 430 NW 32nd AVE Miami, FL 33125 George.rod12@outlook. E-mail address: (afformation concerning this matter, please of driguez Name of Person check for the following amount: iling Fee	Accu Roofing LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: George Rodriguez Name of Person Accu Roofing LLC Firm/Company 430 NW 32nd AVE Address Miami, FL 33125 City/State and Zip Code George.rod12@outlook.com E-mail address: (to be used for future annual report of formation concerning this matter, please call: driguez Name of Person Area Code Da check for the following amount: iling Fee \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)

Registration Section 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 OF

Accu Roofing LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____04/07/2020 and assigned Florida document number L20000099311 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 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

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>	<u>Address</u>	Type of Action
MBR	George Rodriguez	430 NW 32nd AVE	□Add
		Miami, FL 33125	
			■Change
MBR	MBR Jorge Rodriguez	430 NW 32nd AVE	
		Miami, FL 33125	□Remove
			□Add
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ctive date, if other than the	date of filing	:			(optional)	
effective date is listed, the date must lift the date inserted in this b	st be specific and	cannot be prior to	odate of filing or	more than 90 da	ys after filing.) Pr	
ment's effective date on the f				5	,	
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ord specifies a delayed effecti- filed.	re date, but not a	an effective tin	ie, at 12:01 a.n	i, on the earliei	of: (b) The 9	0th day after th
April 16th d		2020	_ •			
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_ CHOO S	Signature of a m	nember or author	ized representati	ve of a member		

Filing Fee: \$25.00