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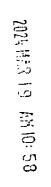
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## **COVER LETTER**

TO: Registration Section Division of Corpo				
SUBJECT:G	Name of Limit	ted Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	Charbaneo	Name of Person		
	G1+	Contunados Firm/Company		
	2000	Mictro Ooc 1	A WAY	
	SUNV9Se (L FVANCOVERMODIE-mail address: (to	333 Z 3  City/State and Zip Code  els @ Smoll . Co  be used for future annual re		
For further information con	cerning this matter, please cal	Н:		
Cranfonlo Name of P	CO/6/1A	at (Area Code)	461 - 690 Daytime Telepho	ne Number
Enclosed is a check for the	following amount:			
\$25.00 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)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

53 t Contractor	<b>√</b> 5
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12000111629	were filed on $04/24/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilities of the limited liabilities of the new name must be distinguishable and contain the words "Limited Liabilities".	us & Roofing LLC
Enter new principal offices address, if applicable:	2000 metropica way
Principal office address MUST BE A STREET ADDRESS)	Sunvise FL 33323 AP+ 2411
Enter new mailing address, if applicable:	2000 motopica way
Mailing address MAY BE A POST OFFICE BOX)	Survise FL 33323 =
	Apt 2411
B. If amending the registered agent and/or registered office a	
agent and/or the new registered office address here:	2018 - 13
Name of New Registered Agent: UA	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	City Zip Code
New Desistant Asent's Signature if changing Registered Asent-	

## New Registered Agent's Signature, it 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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			□Remove
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	es a delayed e	ffective date.	but not a	n effective	e time, at 12	:01 a.m. on	the carlier o	f: (b) Th	e 90th day af	ter the
is filed.		_ •								
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