L20000189522

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
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(Duginasa Entitu Nama)
(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration Se Division of Cor				•			
CHD IEC	SunCare Ro	oofing LLC		•				
Name of Limited Liability Company								
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		Robert E Andrews, Jr						
			Name of Person					
		SunCare Roofing LLC						
			Firm/Company					
		2328 Wood Pointe Dr						
			Address	•				
		Holiday, FL 34691						
		suncareroofing@gmail.com	City/State and Zip Code					
		- - -	to be used for future annual i	report notific	ration)			
For furth	er information c	oncerning this matter, please co	all:					
Robert E	Andrews, Jr		727 953 at ()	6-0285				
	Name o	f Person	Area Code	Daytime '	Telephone Number			
Enclosed	is a check for th	ne following amount:						
■ \$25.6	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	itus &		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUH 24 PM 12: 1.

SunCare Roofing LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number ____L20000189522 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 "LEC" or the abbreviation "L.L.C." 2328 Wood Pointe Dr. Enter new principal offices address, if applicable: Holiday, FL 34691 (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 City 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

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>	<u>Address</u>	Type of Action
AMBR	Keith Andrews	2328 Wood Pointe Dr Holiday, FL 34691	🖺 Add
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reffective date is listed, the date mate: If the date inserted in this cument's effective date on the ecord specifies a delayed effect is filed. June 16	Department of State's records.		fter the

Filing Fee: \$25.00