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COVER LETTER

TQ:	Registration Section
	Division of Corporations

GMS ROOFING LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annette Mota

Name of Person

API Processing - Licensing, Inc.

Firm/Company

3419 Galt Ocean Drive Suite A

Address

Fort Lauderdale FL 33308

City/State and Zip Code

annette@apiprocessing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Mota	954	567-0013 x 12
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

🛢 \$25.00 Filing Fee

Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fcc, 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. Monroc Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	<u>ecords.</u>)
The Articles of Organization for this Limited Liability Company were filed on 07/14/2020 Florida document number L20000202950	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
	× (c) 202
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
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, gagent and/or the new registered office address here:	nter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street a	ddress
	. Florida

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

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Page 40f 5 If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records: $H_24000198388$

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AM	Matthew R Landry	6736 Cheswick St	
		Sarasota FL 34243	
			□ Change
AM Oscar Aguayo	6736 Cheswick St	🖸 🖂 🖓 🖓 🖓	
		Sarasota FL 34243	ERemove
		Change	
			Change
			🗆 Add
			□Remove
			□ Change
			□Remove
			□ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th day after the record is filed.

Dated	June 06
	AD
-	Signature of a member or autoorized representative of a member
	GRETCHEN LANDRY
-	Typed or printed name of signee