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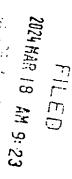
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Doe Ro	ofing Group, LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	•	
	<u></u>	Brandon Doe	
		Name of Person	
		Firm/Company	
		1410 Kozart Cou	rt
		Address	
		Orlando, FL 3281 City/State and Zip Code	
		doebrandon23@gma	il.com
For further information co	E-mail address: ( oncerning this matter, please c	to be used for future annua	l report notification)
Brandon D	-		666-5819
	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
፟፟ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
Mailing Addres	<del>_</del>	Street A	
Registration S Division of C			ration Section on of Corporations
P.O. Box 632	•		entre of Tallahassee
Tallahassee, I			V. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ...

	lity Company as it now appears on or da Limited Liability Company)	ie recurus.
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on7/13/20 	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	•
On Point Roofing, LLC		
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1410 Kozart Court,	Orlando, FL 32811
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:	1410 Kozart Court,	Orlando, FL 32811
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		s, enter the name of the new registered
Name of New Registered Agent:	Allyson Roberts	<del></del>
New Registered Office Address:	11 N. Summerlin Ave., Su	ite 100
-	Enter Florida stre	ret address
	Orlando	, Florida32801
	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

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□ Change

II amenu	ing any other informat	on, enter change(s	) neve. (Anach	additional sneets,	y necessary.)	
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				<del></del>	·	
Note: If t	date, if other than the over date is listed, the date must the date inserted in this blo 's effective date on the De	ck does not meet the	applicable statute	ling or more than 90 da ory filing requiremen	(optional) ys after filing.) Pursua nts, this date will no	nt to 605.0207 ( t be listed as t
e record sp rd is filed.	pecifies a delayed effective	date, but not an effec	tive time, at 12:0	01 a.m. on the earlie	r of: (b) The 90th o	day after the
Dated	March 21	. 2024	<u>1</u> .			
		Signature of a member of	Och or authorized repre	sentative of a member		
		Brandon	Due	signee		

Filing Fee: \$25.00