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SECRETARY OF STARE DIVISION OF CORPORALIONS

22 APR 11 PH 12: 30

T. MATTHEWS APR 2 7 2022

COVER LETTER

TO:

TO: Registration So Division of Cor			
SUBJECT: Prestige Ro	oofing of SOFL LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert G Kohler		
		Name of Person	
	Prestige Roofing of SOFL	LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	815 N Homestead Blvd, S	te 420	
		Address	
	Homestead FL 33030		
		City/State and Zip Code	
	PrestigeRoofingSOFL@gm		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Robert G Kohler		at (434) 825-3462	
Name o	ř Person	at (<u>434</u>) <u>825-3462</u> Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee. l	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STAFE DIVISION OF CORPORATIONS

22 APR 11 PM 12: 30

Prestige Roofing of SOFL 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 Compa	nv were filed on 08/18/2020	and assigned
Florida document number <u>L20000253069</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LI	.C" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street addr	ess
	, F	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agen	•	г.р с.же
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ere to act in this capacity. If the performance of my duties, a sprovided for in Chapter 605	and I am familiar with and F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
Manager	Valerie Ward	815 N Homestead Blvd, Ste 420 Homestead FL 3303	<u>0</u> ≣Add
			□Remove
			□Change
			□Add
			□Remove
			_ □Change
			□Add
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n effective date is listed, ote: If the date inserte	r than the date of fili the date must be specific a ed in this block does no te on the Department o	ind cannot be prior to t meet the applical			
ecord specifies a delay is filed.	ed effective date, but n	ot an effective tim	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
ted April 6		2022			
	1	/			
1/0	4. 1 14. K	a/il/22			
_ 1/a	Signature of	a member or author	ized representative o	f'a member	.

Filing Fee: \$25.00