L21000066967

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Add | dress) | <u> </u> |
| (Add | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| (O.I. | , | - ···, |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| (50 | ourner (tomber) | ' |
| Certified Copies | _ Certificate: | s of Status |
| | | |
| Special Instructions to | Filing Officer: | - |
| | | |
| | | |
| | | |
| | | |
| | | |





400364362244

05/12/21--01010--007 **25.00

PILED

2021 HAY 12 PH 2: 16

\$50 176 1705 STATE

C/A)

COVER LETTER

| TO: Registration Division of | on Section Corporations | | |
|------------------------------|--|---|---|
| Panel I | Express LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Article | es of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corr | respondence concerning this matter | to the following: | |
| | Ryan Morse | | |
| | | Name of Person | |
| | | Firm/Company | |
| | -300 Quait Dr 70 G | porgia Ave | |
| | | Address | 202 |
| | Merritt Island, FL 32953 | | |
| | | City/State and Zip Code | 7 N |
| | E-mail address: | to be used for future annual report notification | SEC. 57 |
| For further informat | ion concerning this matter, please of | all: | ET TANE |
| Ryan Morse | | 321 2906242 at () | |
| N: | nme of Person | | phone Number |
| Enclosed is a check | for the following amount: | | |
| ■ \$25.00 Filing F | ce S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Division P.O. Box | ion Section of Corporations | Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323 | tions hassec rect, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability C (A Florida Lin | ompany as it now appears on our rec nited Liability Company) | ords.) |
|--|---|-----------------------------------|
| The Articles of Organization for this Limited Liability Com Florida document number 1.21000066967 | pany were filed on 02/28/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| Metal Roof Central LLC | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | | |
| | | · 22 |
| | · | 2 |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | 2 |
| Training www.com. 1997 1997 1997 1997 1997 1997 1997 199 | | |
| | | TOS 12 |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: | ffice address on our records, <u>en</u> | |
| N. D. C. LOW A.H. | | |
| New Registered Office Address: | Enter Florida street ad | ldress |
| | | , Florida |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

Panel Express LLC

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 |
|--------------|-------------|---------------------------------------|--|
| | | | |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | Change Change Change Remove Remove |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | □Remove |
| | | | □ Change |
| | | | DAdJ |
| | | | □Remove |
| | | | ☐('hange |
| | | | □Add |
| | | | □Remove |
| | | | □ Changa |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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 earlier of: (b) The 90th day after the record is filed.