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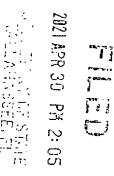
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## **COVER LETTER**

	itration Section ion of Corporations			
SUBJECT:	PPE Roller, LLC.			
SUBJECT	Name of Limited Liability Company			
The enclosed	Articles of Amendment and fee(s) are submitted for filing.			
Please return	Il correspondence concerning this matter to the following:			
	Clen Ballict Jr. Name of Person	_		
	PPE Roller, LLC.	(/) (t)	2021	
	Firm/Company		A 000	<u>. F</u> i
	2925 LOS ROISLOS DO		30	
	Address		٦٦٢ عت:	9 8 (
	City/State and Zip Code		2021 APR 30 PH 2: 05	"ليونين
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	E-mail address: (to be used for future annual report notification)			
For further in	ormation concerning this matter, please call:			
66	Ballict, 5r at (331) 299-5831  Name of Person Area Code Daytime Telephone Numb		_5 .	
	Name of Person Area Code Daytime Telephone Numb	er		
Enclosed is a	theck for the following amount:			
□ \$25.00 F	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certifie	ate of S	tatus &	
<u>Mai</u>	ng Address:  Street 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ler, LLC.
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L2100081454</u>	npany were filed on $\frac{2/17/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite  GB Demolition & Land	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	office address on our records, enter the name of the new register
name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	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 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
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an effective date <b>Note:</b> If the date	, if other than e is listed, the dat te inserted in the ective date on t	e must be speci iis block does	fic and ca not me	annot be pr et the app	ncable sta	f filing or m tutory filin	ore than 90 g requirer	(optio days after nents, this	filing.) Purs	uant to 6 not be li	05.0207 isted as
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Pated	April	-37		<u> </u>	<u>)</u>						
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