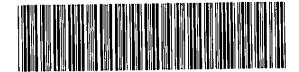
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Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Se Division of Cor					
PES ROOF		•			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspondence	ondence concerning this matter	o the following:			
	ADRIAN MIDDLETON.	ESQ.			
		Name of Person			
	MIDDLETON & MIDDLE	FUON, P.A.			
		Firm/Company			
	1437 MARKET ST				
		Address			
	TALLAHASSEE, FL 323	12			
		City/State and Zip Code			
	brian@procsolar.com	to be used for future annual report not	dicaren)		
For further information	concerning this matter, please e				
ADRIAN MIDDLETO	N.ESQ.	850 815-0256			
Name	of Person	at () Area Code Doytin	e Telephone Number		
Enclosed is a check for	the 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 Addr Registration		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 63 Tallahassee.			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PES ROOFING, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Horida document number L21000161362	y Company were filed on	and assigned
This amendment is submitted to amend the following	::	
A. If amending name, enter the new name of the]	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbreviation "L.I. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		name of the new registere
	 -	2, 5,
Name of New Registered Agent:		
	-	
New Registered Office Address:	Enter Florida street address	
	. Floric	
	FIOFIC	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
MGR	GILILEO, GEORGINA	290 SPRINGVIEW COMMERCE DRIVE	□Add
		DEBARY, FL 32713	■Remove
			□Change
			□ Add
			□Remove
			🗆 Change
			□ Add
			□Remove
			□Change
			🗆 🗆 Add
		□Remove	
			□Change
		.	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specify and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605 0200. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as indecument's effective date on the Department of State's records. 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 rid is filed. Dated MAY 24 2021 Signature of a member or authorized representance of a member					
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Filing Fee: \$25.00

Typed or printed name of signee