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COVER LETTER

Division of Corporations
SUBJECT: PAS Roofing, L.L. C. Name of Limited Liability Company
J Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Philip Staines Name of Person
Name of Person
PAS Roofing, L.L.C. Firm/Company
J Firm/Company
31177 US-19 Apt 604 Address
Palm Harbor, FL. US. 34684 City/State and Zip Code
Philip Stainer @ hall court Mat
Philip Staines @bellsouth. Net E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
Philip Staines at (504) 913-1916
Name of Person at (564) 913-1916 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Scriffied Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

PAS	ROOFING, L.L.C.
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>5 - 7 - 2 </u> and assigned
Florida document number <u>L 21000 214176</u>	<u>,</u> <u>o</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limitation of the contain	ited 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 ADDR.	ESS)
	2
	20 20
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	So = 111
	<u> </u>
	30
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Philip A Staines	3/177 US-19N Apt 60 Palm Harbor, FL 34684	Y EXdd
		Palm Harbor, F1 34684	<u> </u>
			i Change
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_	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Tectiv	e date, if other than the date of filing: (optional)
ote: 1	ive date, if other than the date of filing:
ecord	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
13 1710	Lest Mi
ated _	May 27, 2021
	Philip (1 Stainer
	Signature of a member or authorized representative of a member
	Philip A. Staines Typed or printed name of signee