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	· · ·	COVERLETTER	
TO: Registration Sec Division of Corp			
SUBJECT: R	Pd Ladde Y Name of Limi	Roofing L ted Liability Company	LC_
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	_ Cheny	A Sepulve Name of Person	da
	Red L	adder Roo	Ang, LLC
	15,5 F	manne P1	
	Lutz	FG 335	THE SECRET TO
	Red La E-mail address: (1	City/State and Zip Code Add 193 @ to be used for future annual report notifi	
For further information co	oncerning this matter, please co	all:	
Chery	Spulved	at (<u>86</u>) 59 Area Code Daytime	6 FOOT 5
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	S30.00 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)

Street Address: Registration Section

Division of Corporations
The Centre of Tallahassee

2415 N. Monrou Straat Suita S10

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Tallabarasa El 20214

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Ned Ladder has	stina	
(Name of the Limited Liability Comp (A Florida Limited	pany as it how appears on I Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan Florida document number LZLWO Z59081	y were filed onOU	2 - 03 - 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TV 177
		5
Enter new mailing address, if applicable:		73
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · ·	- : 5
	 	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange TALLET TO BAdd TO 16
			□Remove
			□ Ch ange
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			
			□Remove

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: 1/0-2073 (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. Dated NOVember 10

Signature of a member or authorized representative of a member