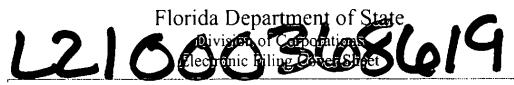
To:

Fax: (850) 617-6383

Page: 1 of 5

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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@ACTIVATEMYLICENSE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CALVARY BROTHERS ROOFING LLC

Certificate of Status	0
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· · · · · · · · · · · · · · · · · · ·	18139325244 To: IBB-AC00-4F88-BC71-71AA424498	Fax: (850) 617-6383	Page: 2 of 5 (((H22	08/10/2022 8:20 000269866 3)))
TO: Registration Set Division of Cor			r.	e
cup incr. Calvary	Brothers Roofing LLC		•	
SUBJECT. July	Name of Lim	ited Liability Company	<del> </del>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SHANA CARNAHAI			
		Name of Person		
	CONTRACTORS R	EPORTING SERVICE IN	С	
		Firm/Company		
	13795 N NEBRASK	A AVE		
		Address		
	TAMPA, FL 33613			
	<u> </u>	City/State and Zip Code		
	info@activatemylicer	nse.com	era ministra N	
For further information o	n:-mail address: (	to be used for future annual report no all:	(incation)	
	-		1.4	
SHANA CARNAH	AN of Person	813 932-524 Area Code Daytii	me Telephone Number	
		,	•	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
		6		
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co	rporations	
P.O. Box 6327		The Centre of		
Tallahassee, FL 32314		2415 N. Monre	oe Street, Suite 81	0

Tallahassee, FL 32303

Fax: (850) 617-6383 Page: 2 of 5 08/10/2022 8:28 AM

From: Shana Carnahan

Fax: 18139325244

To: DocuSign Envelope ID: A545F6B8-AC00-4F88-BC71-71AA42449880

Fax: (850) 617-6383

Page: 3 of 5

08/10/2022 8:28 AM

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Calvary Brothers Roofing LLC  (Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.)	
(A Florida Limited )	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000368619</u> .	were filed on 8/17/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Calvary Brothers Construction Services LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the na</u>	me of the new registered ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
		SE   0   ≥ 2
New Registered Office Address:	Enter Florida street address Florida	OVED STA
<del></del>	City	Zip <b>So</b> le
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	

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

From: Shana Carnahan Fax: 18139325244 To: Fax: (850) 617-6383 Page: 4 of 5 C 08/10/2022 8:28 AM

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If amending Authorized rerson(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			🗆 Add
			Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			🗆 Remove
			□ Change
			DAdd
			□ Remove
			□ Change
			□ Add
			□ Remove
			DChange

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Page: 5 of 5 08/10/2022 8:28 AM (((H22000269866 3)))

. II ameno	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
<del></del>	
<del></del>	
Note: If t	date, if other than the date of filing:
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	8/9/2022
	DocuSigned by:
	Signature of a monther and authorized representative of a member
	RANDY FINCH
	Typed or printed name of signee

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