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Office Use Only



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21 OCT 15 PH 12: 19

COVER LETTER

TO: Registration Section

Division of Cor	porations		
Cloud9 roo	fing LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jordan Freeborn		
		Name of Person	
	Black Square Financial		
		Firm/Company	
	9955 nw 31st Street, STE	200	
	-	Address	
	Coral Springs/FL 33065		
		City/State and Zip Code	
	jfreeborn@blacksquarefinar		
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	ali:	
Jordan Freeborn		954 6832380 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration Section		Registration S	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, 1			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 OCT 15 PH 12: 19

Cloud9 Roofing LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		Zip Code
		Florida
New Registered Office Address:	Enter Florida street addr	ess
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new registere
Matting united MAT DE ATTOOL OF THEE DOWN		
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
Enter new principal offices address, if applicable:		<u> </u>
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LL	.C" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liabil	lity company here:	
This amendment is submitted to amend the following:		
Florida document number L21000405547		
The Articles of Organization for this Limited Liability Company v	were filed on 9/13/2021	and assigned

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 ancaccept 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 expremoved from our records:

MGR = AMBR =	Manager Authorized Member	Address 21 007 15 PH12: 19	
<u>Title</u>	<u>Name</u>	Address 21 007 15 PH 12: 15	Type of Action
AMBR	JLE Investment Group LLC	30 N GOULD ST STE 5824SHERIDAN, WY 82801	□Add
			= Remove
			□Change
AMBR	F2 Holdings LLC	9955 NW 31ST STREET. STE 200	≣ Add
		CORAL SPRINGS, FL 33065	□Remove
			□Change
			□Add
			🗆 Remove
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an effective date is listed, the date must be specific an	id cannot be prior to date of filing or more than 00 days after filing \ 11
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record specifies a delayed effective date, but no	t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
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area OCIO.DC	<u>, 3091</u> .
() }	
Signature of a	member or authorized representative of a member
/ / //	
/ / / \.	20000

Filing Fee: \$25.00