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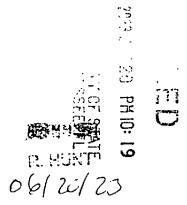
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COVER LETTER

TO: Registration Solution of Col			
	AST ROOFING OF FLORIDA	ALLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	JOSEPH MARQUIS		
		Name of Person	
	West Florida Roofing LLC) m
		Firm:Company	
	4515 George Rd. Suite 35:	5	
		Address	SSEE STAN
	Tampa. FL 33634		20 PHIO: 19
	victornissim@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	ali:	
Victor Nissim		718 350-7817	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of C	Section	Street Address: Registration Sco Division of Cor	
P.O. Box 632	27	The Centre of T	Tallahassee Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST COAST ROOFING OF FLORIDA LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) v Company)
The Articles of Organization for this Limited Liability Company were for the following formula $\frac{-121000439444}{-121000439444}$.	filed on 10/07/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
West Florida Rooting LLC	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u>≥</u> - 23
	XS: _ 11
Enter new mailing address, if applicable:	PH 6
(Mailing address MAY BE A POST OFFICE BOX)	FEL T
Hanning marress Mills DD 11 1 OS 2 OT 1 1 CB DOTT	m
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	'in 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>	<u>Address</u>	Type of Action
			⊡Add
			□Remove
			□Change
	- <u></u> -		\Add
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ffective date, if other than the	e date of filing:	op (op	tional) er filing.) Pursuant t	o 605.0207
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ocument's effective date on the f	Department of State's records			
record specifies a delayed effecti	ve date, but not an effective time, a	t 12:01 a.m. on the earlier of:	(b) The 90th day	after the
I is filed.			-	
Juga Sth	2023			
ated	, <u>2023</u>			
/	D 1/1/1/1			
		representative of a member		

Typed or printed name of signee