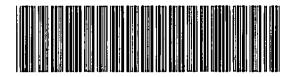
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Tim & Rons Rouf Cleaning of fless use Washing & Seal Coating Name of Limited Liability Company ( LLC
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mame of Person
Firm/Company
21098 Gephart AUC.
Port Charlotte, FL 33952
Port Charlotte, FL 33952  City/State and Zip Code  Tim Onstott 1970 D Icloud, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person ONSTOTT at (941) 875-8921  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (Certified Copy tadditional copy is enclosed)  Check (Certified Copy tadditional copy is enclosed)  Certified Copy (Certified Copy tadditional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tim Rous houfdean	ing & Pless	vre Washing 12/18 gal coa
(A Florida Limite  The Articles of Organization for this Limited Liability Compar  Florida document number	ny were filed on D	ec. 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lize Ready To Roof Li	1.0	
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:	e address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Eleviele	ı street address
	mer Piorui	, 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 Changing Registered Agent, Signature of New Registered Agent

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

Of fellowed from our records.		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
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Filing Fee: \$25.00