Laa000091043

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
J. HORNE DEC 26 2024
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/20/2024		**WALK IN
Lovel	I Doot Doofing & Constr	
ENTITY NAME Level	Best Roofing & Constr	uction, LLC
DOCUMENT NUMBEI	R	
	PLEASE FILE TH	'E ATTACHED AND RETURN
xxxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
<u> </u>	Certified Copy of Arts Certificate of Good Sta	
	APOSTILLE' / N	OTARIAL CERTIFICATION
COUNTRY OF DESTIN	VATION	
NUMBER OF CERTIFIC		
TOTAL OWED \$25.0	00	ACCOUNT #: I20160000072
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations		
Link	4D - 5 - 6 C 11		
SUBJECT: Level Be	st Roofing & Construction, LL	C ited Liability Company	
	Transit of Egri	inva glasini, 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:	
•			
	Donna Capozzi		
		Name of Person	
	Law Office of John J. M.	cGlynn, III Firm/Company	
		Pittir Company	
	729 S.W. Federal Highw	ay, Suite 200	
		Address	
	Paris Planta 14004		
	Stuart, Florida 34994	City/State and Zip Code	<u> </u>
	dcapozzi@southfllawfirm	•	
	_	to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Donna Capozzi	40	at (772) 600-5115 Area Code Daytim	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		,,	(additional copy is enclosed)
Mante, as		St	
Mailing Address Registration S		<u>Street Address:</u> Registration Sc	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 DEC 20 PM 1: 53

Level Best Roofing & Construction, LLC

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

The Articles of Organization for this Limited Liability Comp	pany were filed on Febru	ary 14, 2022	and assigned
Florida document number L22000091043			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	;	
Level Best Roofing, LLC			
The new name must be distinguishable and contain the words "Limited"	Liability Company," the desig	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			
B. If amending the registered agent and/or registered of	fice address on our reco	ords, enter the name	of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	•	. Florida	
·	City		Zip Code
New Registered Agent's Signature, if changing Registered Registere	gent:		
I hereby accept the appointment as registered agent and	agree to act in this car	pacity. I further agr	ee to comply with th
provisions of all statutes relative to the proper and comp	piete performance of m	y duties, and I am fc	amiliar with and
accept the obligations of my position as registered agent	t as provided for in Che	ipter 605, F.S. Or, i	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. <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
		,	□Remove
			□Add
			□Remove
			ClAdd
			□Remove
			Change
			□ Add
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Note:	tive date, if other than the date of filing: ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e record rd is fil	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 ed.
Dated _.	December 13 . 2024 .
	m° by III
4	Signature of a member or authorized representative of a member

Filing Fee: \$25.00