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ACCARA SECTIONAL

2022 MAY 13 PK 1: 48

COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co			
CHD ICA		ROOFING AND SOLAR, LLC		
SUBJEC	.I; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		LAURA ROUNDS		
			Name of Person	
		SUNRAY ROOFING AN	D SOLAR	
			Firm/Company	
		13750 W COLONIAL DR	STE 350-330	
			Address	
		WINTER GARDEN, FL. 1	34787	
			City/State and Zip Code	
		SCOT@REVIVALROOFE		10 3 5
For furth	er information of	concerning this matter, please c	to be used for future annual report r	ouncadon)
LAURA	ROUNDS		407 506-6726	
	Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed	l 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address: Registration	
	Division of C	Corporations	Division of C	
	P.O. Box 632	27	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 MAY 13 PM 1:48

The Articles of Organization for this Limited Liability Company were filed on $\frac{02/25/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KEITH FASTHOFF	2545 CATURBERRY CT	■Add
		ORLANDO FL 32812	□Remove
			□Add
			□Remove
			☐ Change
			□Add
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