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(Ke	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATION BIVISION OF CORPORATION

T. MATTHEWS APR -7 2022

COVER LETTER

Registration Section

Division of Corporations

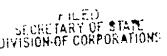
TO:

SUBJECT: Home Roofing St	olutions LLC nited Liability Company
(Same of Lin	mied Liaonay Company
The enclosed Articles of Amendment and fee(s) are suf- Please return all correspondence concerning this matter	•
nelly mar-	Name of Person
Home Roof	Firm-Company
Baya Faire	Frost Ln Address
Land o' La	Kt's , FL 34637 City/State and Zip Code
nlyguz man a E-mail address:	GMG(1, Lon- tible used for future annual report notification)
For further information concerning this matter, please of	call:
Mely My tine? Name of Person	at (S13), S42 3372 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF



Home Roufing	Solutions LL	22 MAK 22 AM 9: 19
(Name of the Limited Liab (A Flori	lity Company as it now appears on o da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number 122001030		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	City	Florida 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	nelly martines	9342 Faire Frosi Ln	XAdd
	·	Lind Dlakes, Fl. 34637	□Remove
			Change
MAIR	OSLOR GUZINAN	5555 Perricul Cir	= Add
	Tampa, PL 33425	∐Remove	
		(Manche from "MER" to "AP" AP"	ion XChange
			
			LIRemove
			Change
			□ Remove
			L Change
			∐Remove
		Change	
		□Remove	
			□ Change

•	
Note:	ive date, if other than the date of filing: 3-18-2022 (optional) fective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco cord is fi	rd 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 led.
Dated	March 19th , 2002.
	Stenature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00