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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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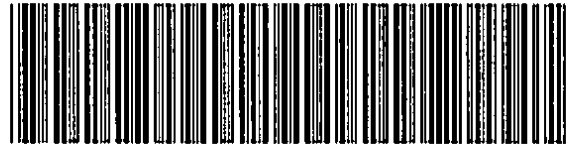
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 APR 28 AM 7:59

FILED

JUN 20 2022

S. PRATHER

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

WOLVERINE ROOFERS LLC

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

FILED  
2022 APR 28 AM 7:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 7, 2022 and assigned  
Florida document number L22000116504.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

392 PRESTWICK CIR UNIT 2  
PALM BEACH GARDENS, FLA 33418

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

392 PRESTWICK CIR UNIT 2  
PALM BEACH GARDENS, FLA 33418

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:

Name of New Registered Agent:

MIKE THACKABERRY

New Registered Office Address:

392 PRESTWICK CIR UNIT # 2

Enter Florida street address

PALM BEACH GARDENS

Florida

33418

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.

Michael Thackaberry

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>	<u>Type of Action</u>
MGR	DAVE WIKEL	1300 OLD DIXIE SUITE 101	<input type="checkbox"/> Add
		LAKE PARK, FLORIDA 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIKE THACKERLEY	392 PRESTWICK CIR #2	<input checked="" type="checkbox"/> Add
		PALE BEACH GARDENS, FLA.	<input type="checkbox"/> Remove
		33418	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective 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)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

MIKE THACKABURY  
Typed or printed name of signee

FILED  
2022 APR 28 AM 7:59  
COUNTY OF STATE  
TALLAHASSEE, FLORIDA