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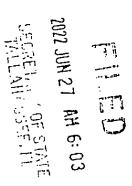
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A. PITTER

COVER LETTER

TO:

	legistration Se Division of Cor				
eud ieza		HOMES ROOFING, LLC			
SUBJECT	· :	Name of Lin	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please rett	im all correspo	ondence concerning this matter	to the following:		
		Paul Cipparone, Esquire			
			Name of Person		
		Cipparone & Cipparone, P	.A.		
			Firm/Company		
		1525 International Parkwa	y, Suite 1071		
			Address		
		Lake Mary, FL 32746			
			City/State and Zip Code		
		pcipparone@cipparonepa.co			
For further	r information c	n-mail address: (to be used for future annual report noti all:	trication)	
Paul Cippa	orone, Esquire		321 271-5914 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed i	s a check for th	ne 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)	
	lailing Addres		Street Address:	ction	
	egistration Solvision of C		-	Registration Section Division of Corporations	
P	.O. Box 632	7	The Centre of T	Tallahassee	
T	allahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

STELLAR HOMES ROOFING, LLC

2022 JUN 27 AM 6: 03

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SCUME WAY The Articles of Organization for this Limited Liability Company were filed on $\frac{04/12/2022}{1}$ Florida document number <u>L22000153195</u> 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street adaress City 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
MGR	Edrey Frias	358 Fariway Pointe Circle	□Add
		Orlando, FL 32828	■Remove
			Change
			
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			🗀 Remove
			□Change
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			□Remove
			Change
			□Add
			□Remove
			□Change

	.
	
	
Note:	tive date, if other than the date of filing:
e reco ord is fi	r specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the arlier of: (b) The 90th day after the led.
Dated	May \une \une \une \une \une \une \une \une
	Ω Ω
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00