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To:

Division of Corporations

Fax Number : (850)617-6383

From:

 $^{\circ}$ $\ddot{\omega}$ ĥΉ Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@ACTIVATEMYLICENSE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROOFING.CO OF AMERICA, LLC

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HelpT. LEMIEUX JUN 24 2022

06/23/2022 3:41 PM To: LLC Amendments Fax: (850) 617-6383 Page: 3 of 6 Fax: 18139325244 From: Roman Albano . **COVER LETTER** TO: Registration Section Division of Corporations į SUBJECT: ROOFING.CO OF AMERICA, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **ROMAN ALBANO** Name of Person CONTRACTORS REPORTING SERVICE INC Firm/Company 13795 N NEBRASKA AVE Address TAMPA, FL 33613 City/State and Zip Code info@activatemylicense.com

E-mail address: (to be used for future annual report notification)

932-5244

Daytime Telephone Number

813

For further information concerning this matter, please call:

Name of Person

ROMAN ALBANO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ROOFING.CO ((Name of the Limited Liability Com (A Florida Limite	DF AMERICA, LLC pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 3/30/2022 and assigned
Florida document number <u>1.22000153778</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility 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 offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
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 Ager	nt:

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.

From: Roman Albano +

Fax: 18139325244

To: LLC Amendments

Fax: (850) 617-6383

Page: 5 of 6

06/23/2022 3:41 PM

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
AMBR	SHAWN W HENRY	1800 42ND AVE N.	∄∧dd
		ST. PETERSBURG, FL 33714	□Remove
			☐ Change
			□Add
			□Remove
			Change
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effect	ve date, if other than the date of filing:
fan eff	ve date, if other than the date of filing:
<u>Note:</u> docum	ent's effective date on the Department of State's records.
e recor	d 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
rd is ti	
Dated	JUNE 23rd 2022 .
	Signature of a member or authorized representative of a member