Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (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:___

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

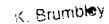
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JUL 26 2022



Fax: 18139325244

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COVER LETTER

TO: Registration Section **Division of Corporations** 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 TAMPA, FL 33613 City/State and Zip Code info@activatemylicense.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROMAN ALBANO**

Name of Person

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROOFING.CO OF AMERICA, LLC (Name of the Limited Liability Comp.) (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	/ were filed on <u>3/30/2022</u>	_ and assigned
Florida document number <u>L22000153778</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbro	viation "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 agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
	,	202,
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	2
	Cuy Piorida	-Zip Gode
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	?_

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

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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	STEPHEN PLATTHY	235 SW 12th ST	■Add
		CAPE CORAL, FL 33991	Remove
			Change
			□Add
			Remove
			🗆 🗆 Add
			Remove
			Change
			□Add
			Remove
			Change
			□∆dd
			Remove
			Change
		 	Remove
			Change

Note	ctive date, if other than the date of filing:
he rec ord is	ord 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 filed.
Date	d <u>JULY 8TH 2022</u>
	CocuSigned by:
	SHIWN WHENKY COBEOBBS84054ESignature of a member or authorized representative of a member

Typed or printed name of signee