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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section

Division of Cor	rporations			
Roofing.co	of America, LLC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kathryn Sole, Esq.			
		Name of Person		
	Sole Law, PLLC			
		Firm/Company		
	555 5th Ave North	. ,		
	.	Address		
	St. Petersburg, FL 33701		(*) -50	707
		City/State and Zip Code		7074 JA
	Kathryn@sole-ław.com		9-30	-8
	E-mail address: (to be used for future annual report notif	ication)	·**: 1
For further information c	concerning this matter, please c	all:	(1) Tr	F (5)
Kathryn Sole, Esq.		727 490-9086	元. 产品	至 8: 1-
Name o	of Person	at () Area Code Daytime	: Telephone Number	1
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy is enclo	
Mailing Addres		Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, 1			Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rooting.co of America, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our re ed Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa L22000153778		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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,	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>er</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		, Florida
	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.

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
AMBR	Stephen Platthy	235 SW 12th St.	
		atthy 235 SW 12th St. Cape Coral, FL 33991 R CR CR CR CR CR CR CR CR CR	
		Cape Coral, FL 33991	
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effective date is listed, the date re: If the date inserted in this	nust be specific	and cannot be p	orior to date of f	iling or more tha	m 90 days after f	iling.) Pursuant to 64	05.020 sted a
ument's effective date on the							
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cord specifies a delayed effec s filed.	tive date, but	not an effecti	ve time, at 12:	OF a.m. on the	earlier of: (b)	The 90th day ar	ter the
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