Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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

Email	Address:			

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUEST ROOFING & SOLAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

1/1

Page: 2 of 5

## 2025-01-17 07:25:37 UTC+14

18506176383

From: ZenBusiness User

TO:	Registration Section
	<ul> <li>Division of Corporations</li> </ul>

Truest Roofing & Solar LLC

SUBJECT:

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:

	Diego Cruz									
		Name of Person								
	ZenBusiness INC									
		Firm/Company								
	336 E. College Ave Suite									
		Address								
	Tallahassee, FL 32301									
	1974	City/State and Zip Code	, M man v v mmv st v v Hitt							
	fulfillment@zenhusiness.co									
	E-mail address: (	to be used for future annual r	eport notification)	<del>Billing the street of the six</del>						
For further information	concerning this matter, please c	all:								
c/o ZenBusiness INC		844 493 at ()	-6249							
Name	of Person	Area Code	Daytime Telepho	one Number						
Enclosed is a check for	the following amount:									
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Page: 3 of 5

To:

2025-01-17 07:25:37 UTC+14 18506176383

# TO

### ARTICLES OF ORGANIZATION OF

Truest Roofing & Solar LLC	
( <u>Name of the Umited Liability Company as</u> (A Florida Limited Liabil	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company were	re filled on 2022-05-02 and assigno
Florida document number 1.22000205415	
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 Co	ompany," the designation "ELC" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	53 29 23
	(-)
Enter new mailing address, if applicable:	. 4 - 1 <del>-1</del> 127 - 1
Muiling address MAY BE A POST OFFICE BOX)	
	(3
<del>-</del>	. 22
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	
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 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

From: ZenBusiness User

H250000193783

To:	-	•	Page: 4 of 8	5	202	5-01-	17 07:25:37	UTC÷14					176383					enBusiness	
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	or remov	<u>red fro</u>	om our rec	<u>ords:</u>															

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	David Adams	3866 Island Way St. Petersburg, FL 33705-6449	[]Add
			Remove
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			□Remove
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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.

Dated	/1G	·	2025				
	/s/ Dylan Adams						
		Signature of a me	ember or authori	zed representative	of a member		
	Dylan Adams						
		1	Exped or printed	name of signee			

Filing Fee: \$25.00