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Certified Copies	_ Certificates	of Status
Special Instructions to RCK	·	
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COVER LETTER

Division of Cor	rporations		
	ing Fla, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	~	
	Gus Harper		
		Name of Person	
	Gardner, Bist, Bowden, De	ce, Lavia, Wright, Perry & Harpe	er
		Firm/Company	
	1300 Thomaswood Drive		
		Address	
	Tallahassee, Florida 32308	}	
		City/State and Zip Code	
	gus@gbwlegal.com E-mail address: (to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
Gus Harper		850 385-0070	
Name o	f Person	at () Area Code Days	time Telephone Number
Enclosed is a check for t	he 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)
Mailing Addres	i <u>s:</u>	Street Address:	

.

Registration Section

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Jones Roofing Fla, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on June 7, 2022	and assigned	
Florida document number L22000261095			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1588 Marion Ct.		
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32303		
Enter new mailing address, if applicable:	1588 Marion Ct.		
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32303		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florid	la	
	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 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
			□Add
			□Remove
			□Change
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		□Remove	
			□Change
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ective date, if other than the effective date is listed, the date in eg. If the date inserted in this ament's effective date on the	block does not me	et the applical	date of filing or ble statutory fil	more than 90 day ing requirement	s after filing.) Pu s, this date wil	rsuant to 605.020 I not be listed a
ord specifies a delayed effec filed.	ive date, but not a	n effective tim	ne, at 12:01 a.m	. on the earlier	of: (b) The 90)th day after th
June 22		2022	_ ·			
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Filing Fee: \$25.00