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2023 OCT 18 MH11: 56

COVER LETTER

TO:

TO: Registration Secti Division of Corpo				
SUBJECT: Relie	Name of Lim	roofing LL	C	
	Name of Lim	ited Liability Company		-
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Jackson	Leonard		
		Name of Person		_
	Rel: an f	Water pros fing Firm/Company		
		rinivCompany		
	5636	Maxino drive Address		
		Address		2023 SEC
	Jack	City/State and Zip Code	32277	1100 I
		City/State and Zip Code		_ 855 80 10 10 10 10 10 10 10 10 10 10 10 10 10
	E-mail address: (n + Water proofing to be used for future annual r	eport notification)	
For further information cond	cerning this matter, please ca			2023 OCT 18 MITH: 56 SECRETARY OF SHIPE TALLARASSEE, FL
Jackson Name of Po	Leonard	aı (904)	402 - 0697 Daytime Telephone Numl	
Name of Po	erson	Area Code	Daytime Telephone Numi	ber
Enclosed is a check for the t	following amount:			
¥\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certifi osed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address:	otion	Street Ad		
Registration Sec Division of Cor		•	tion Section of Corporations	
P.O. Box 6327	•	The Cen	tre of Tallahassee	
Tallahassee, FL	32314		Monroe Street, Suite see, FL 32303	810

ARTICLES OF AMENDMENT ARTICLES OF ORÇANIZATION **OF**

(Name of the Limited Liability Company as it (A Florida Limited Liability	fing LLC
(A Florida Limited Liability Company as it	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were five Florida document number L 22 000 314 969	iled on $07/15/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	•
The new name must be distinguishable and contain the words "Limited Liability Comp	
Enter new principal officer at 1	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	S 20
Enter new mailing address, if applicable:	17A
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address ogent and/or the new registered office address here:	
gent and/or the new registered office address here:	n our records, enter the name of the new register
	ni o
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address
City	, Florida
ew Registered Agent's Signature, if changing Positional	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
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			□Remove
			□Change
			□Add
			□Change
			CREID CRemove
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			□Remove
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