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| TO: Registration Se Division of Cor | | | | |
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| SUBJECT: | Roof Desi | gnz, LLC | er er | |
| | | 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: | • | |
| | Anni | e Bian C Name of Person | | |
| | Roof | Designz, LLC Firm/Company | | <u> 2</u> 2 - |
| | 215 5 | E8TH Ave Apt | .1190 | 22 SEP 16 AM 9: 59 |
| | Fort | auderdale, Fl City/State and Zip Code | 3330 | 50 MH 9: |
| | roof d E-mail address: (| esignza gmail to be used for future annual report noti | · COM | 59 |
| For further information c | oncerning this matter, please c | | ŕ | |
| <u>Annie</u> E | sianc | at (707) 230 Area Code Daytin | 1-6936 | _ |
| Name o | t Person | Area Code Daytin | e Telephone Number | |
| Enclosed is a check for th | ne following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing For Certificate of Signature Certified Copy (additional copy is | tatus & |
| Mailing Addres Registration S | | <u>Street Address:</u> Registration Se | ction | |
| Division of C | orporations | Division of Cor | porations | |
| P.O. Box 632 Tallahassee, F | | The Centre of 7 2415 N. Monro | `allahassee c Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Roof Designz | LLC | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | pany as it now appears on our I Liability Company) | r records.) |
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L22003929</u> 42 | y were filed on | 3-2022 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 22.0 |
| (Principal office address MUST BE A STREET ADDRESS) | | # 21 |
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| | | |
| Enter new mailing address, if applicable: | | <u>9 25 </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | 5 - |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records | , enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | . <u>.</u> . | |
| | Enter Florida stree | et address |
| | City | , Florida |
| | Ciù | 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 |
|--------------|-------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MGR | Annie Bianc | 215 SE 8THAVE | □Add |
| | | Apt. 1190 | □Remove |
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| | Deptember 14th 2022 | |
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| C atcd <u>~</u> | Signature of a member or authorized representative of a member | |