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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099 : (813)932-5244 Phone

Fax Number

: (813)932-3782

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

Email Address: <u>INFO@ACTIVATEMYLICENSE.COM</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RETRO ROOFING, LLC

Certificate of Status	0
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COVER LETTER

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TO: Registration Sec Division of Corp				
SUBJECT: RETRO	ROOFING, LLC			
SUBSECT:	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please return all correspor	ndence concerning this matter t	to the following:		
	AMANDA JOHNS	Name of Person		
	CONTRACTORS RI		RVICE INC	Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Firm/Company		
	13795 N NEBRASK	A AVE Address		
	TAMPA, FL 33613	City/State and Zip C		
	info@activatemylicer	nse.com	nual report notification)	 *
For further information co	oncerning this matter, please ca	all:		
AMANDA JOHNS		813	932-5244	
Name of	Person	Area Code	Dayime reception	ic (vuinoci
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing I Certified Cop (additional copy i	y is enclosed)	Certificate of Status & Certified Copy
Mailing Address Registration S			et Address: istration Section	
Division of C	orporations	Div	ision of Corporation Centre of Tallahass	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: AMANDA JOHNS

Fax: 18135325244

To:

Fax: (850) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H220003423723

RETRO ROOFING, LLC (Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for Florida document number <u>L22000401010</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability equals to the	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, <u>enter the name of the new registerec</u>
New Registered Office Address:	
	Enter Florida street address
	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	ct in this capacity. I further agree to comply with the rmance of my duties, and I am familiar with and led for in Chapter 605, F.S. Or, if this document is

From: AMANDA JOHNS Fax: 18139325244 To: Fax: (850) 617-6383 Page: 5 of 6 10105/2022 4:23 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	JASON D SULLIVAN	4314 STRAUSS ROAD	∰Add
		PLANT CITY, FL 33565	□Remove
			□Change
			\ \ \ \ \
			□ Remove
		45-4-1-1-1-1	Change
			□Add
			Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change

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Transcroung and	y other information, enter	, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,	
					
					
					
					
					
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* ************************************					•
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			C-S-S-		
					
Note: If the date	if other than the date of files is listed, the date must be specific a inserted in this block does not tive date on the Department of	ot meet the applicable stati	f filing or more than 90 utory filing requirer	(optional) days after filing.) Pursuan nents. this date will not	t to 605.0207 (be listed as t
he record specifies ord is filed.	a delayed effective date, but r	not an effective time, at 12	2:01 a.m. on the ear	lier of: (b) The 90th da	ay after the
Dated	OCTOBER 4	2022			
	OCTOBER 4	DocuSigned by: JUSON DS	THE MAI		
	Signature of	I MSON // S	oresentative of a mem	ber	
		JASON D SULLIV. Typed or printed name of			

Filing Fee: \$25.00