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(Re-	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to		
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Office Use Only



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SECRETARY OF LATION FALLABASSEL.

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COVER LETTER

Division of Cor	rporations		
subject: <u>JUL</u>	CAN ROOF Name of Lim	ING LLC ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	_	Name of Person ROOFING L Firm/Company Ckman St	LLC
	1000 DM	Address	
	Jacksony! david Que	City/State and Zip Code Alcan Florida - Co to be used for future annual report notifi	om tication)
For further information c	concerning this matter, please c		
David Pa	atterson	``` \ <u>_</u>	6767
Name o	of Person	Area Code Daytimi	e 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

SECRETATION TO AN 10:56

and assigned

VULCAN ROOFING LLC

The Articles of Organization for this Limited Liability Company were filed on 10-4-22

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

Florida document number <u>LA2000427623</u>		
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 Company," 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 on our records, enter the name of the new registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
Florida		
. Florida		
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

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> Fitle</u>	<u>Name</u>	Address	Type of Action
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If an effective da Note: If the c	e, if other than that is listed, the date mate inserted in this lifective date on the	ust be specific and co block does not me	annot be prior to c et the applicable	date of filing or mo e statutory filing	re than 90 days afte	i onal) r filing.) Pursuant i is date will not b	to 605,0207 (e listed as t
record speci d is filed.	īes a delayed effect	ive date, but not a	n effective time.	, at 12:01 a.m. or	the earlier of: (I	o) The 90th day	after the
Dated	Nov	ember 16.	2023				
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_		Signature of a me	ember or authorize	ed representative of	f a member		