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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABOVE CODE WATERPROOFING LLC

Certificate of Status	0
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Page Count	04
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Help

T. LEMIEUX OCT 3 1 2022

ARTICLES OF AMENDMENT TO ; ARTICLES OF ORGANIZATION OF

Above Code Waterproofing LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000443076</u> This amendment is submitted to amend the following:		and assigned
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDREST ADD		the abbreviation "L.1C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		31.17D 28 P
New Registered Office Address:	Enter Florida street address	3: 3:55 55
	, Florid	-
	Cny	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
AMBR	Kyle Houston	7901 4th St N STE 300	
		St. Petersburg, FL 33702	□Remove
			□ Change
			□Add
			□Remove
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			□Add
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Effective date, if other than the date of filing:					**
Iffective date, if other than the date of filing: [Optional] an effective date is fixed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled. Dated October 28 2022				· · · · · · · · · · · · · · · · · · ·	
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Signature of a member or authorized representative of a member		Margan Park			
	Sig	inature of a member or autho	rizea representative of a	Hember	

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