422-000 461 640

(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(Ad	idless)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	HR Roof!	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BRYAND	Name of Person	
	DHR	Firm/Company	
	1314 E. /	os Olas Blus	D#1/2
	JURT LAUD	FRDAK FA 3. City/State and Zip Code	3301
	5 R 8 4 6 E-mail address: (AH, NET To be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
BRYAN D	. Cohen	at (<u>951</u>) <u>(610 -</u> Area Code Daytime	4748
Name of	f Person	Area Code Daytim	: Telephone Number
Enclosed is a check for th	ne following amount:		
15 \$25,00 Filing Fee	S30,00 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

DHR ROOFING 1/0	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 422000 46/640	were filed on $\frac{10 28 2022}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile The new name must be distinguishable and contain the words "Limited Liability Inc.).	LLC-
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)	T A 9: 56
B. If amending the registered agent and/or registered office adent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARY WASSONG	3138 South 76th EAST A	<u>Qr</u> □∧dd
	7	TulsA, OK 74145	DKemove
			□Change
Amor_	BARRY CLEUELAND DAILEY	3138 South 76th EAST FINE	<u>C</u> □Add
		Tulsa, OK 74/14/5	Zitemove
			□Change
AMBR	MARTIN MOBARAK TRAD	905W 3RDST PH4	Sad
		Miami, Fla 33130	□Remove
			□Change
			□Add
			□Remove
			□Change
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an effec <u>ote:</u> I	e date, if other than the date of filing:	
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.	the
ited _	12-3 2022	
	Signature of a member or authorized representative of a member	
	BRYAW D. Collens Typed or printed name of signce	