To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000372249 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044

Phone

: (407)888-3131

Fax Number

: (888)453-0509

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

		Az zasa		La market	
Email	Address:_	ACCOMMENT	<u>, , , , , , , , , , , , , , , , , , , </u>	14 3 / C 1 4 1 2	THE COCKET

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW STANDAR ROOFLY LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
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Electronic Filing Menu

Corporate Filing Menu

Help

Tallahassee, FL 32314

From: Tax Zone

COVER LETTER

ction porations ,		: •
NDAR ROOFLY LLC		
Name of Lim	ited Liability Company	
Amendment and fcc(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
ED KOTLER		
	Name of Person	
TAX ZONE INC		
	Firm/Company	
8865 COMMUNITY CIR	STE 4	
	Address	
ORLANDO, FE 32819		
	City/State and Zip Code	
_		or New Year
		utication)
oncerning this matter, please c	all:	
	407 888-3131	
(Person	Area Code Daylin	ne Telephone Number
ne following amount:		
S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>s:</u> Section	Street Address: Registration So	ection
orporations	Division of Co	
7		Tallahassee oe Street, Suite 810
	Amendment and fcc(s) are sub- indence concerning this matter ED KOTLER TAX ZONE INC 8865 COMMUNITY CIR ORLANDO, FL 32819 ACCOUNTANT@TAXZO E-mail address: (concerning this matter, please concerning this matter.	Amendment and fcc(s) are submitted for filing. Indence concerning this matter to the following: ED KOTLER Name of Person TAX ZONE INC Firm/Company 8865 COMMUNITY CIR STE 4 Address ORLANDO, FL 32819 City/State and Zip Code ACCOUNTANT@TAXZONEFL.COM F-mail address: (to be used for future annual report no concerning this matter, please call: Area Code Order S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Section Orporations Orporations Division of Cores The Centre of

Tallahassec, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW STANDAR ROOFLY LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ay as it now appears on o liability Company)	ur re <u>cords.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 10/26/20	22 and assigned
Florida document number L22000461773		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
NEW STANDARD ROOFLY LLC		
The new name must be distinguishable and contain the words "Limited Liebit	ity Company," the designa	tion "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		20 7
(Principal office address MUST BE A STREET ADDRESS)		25 d
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our record	
		, Florida
	City	Σίρ Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my c provided for in Chap	ter 605, F.S. Or, if this document is

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>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DJUKIC, DUSHAN	311 SOUTH EDGEMON	□Add
		WINTER SPRINGS FL 32708	■Remove
AMBR	DJUKIC, DUSHAN	311 SOUTH EDGEMON	
		WINTER SPRINGS, FL 32708	
			Change
			bbA□
			□ Remove
			Change
			DAdd
			□Remove
			Change
			□Add
			CRemove
			Change
			□Remove
			□Change

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	iending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an e Note:	tive date, if other than the date of filing: (optional) (metrive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he reco ard is f	ord 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 filed.
Dated	<u>1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signer