

L22000511033

Florida Department of State
Division of Corporations
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FLORIDA STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FAIL SAFE ACCOUNTING LLC
Account Number : I20230000132
Phone : (407)281-7988
Fax Number : (407)553-2856

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

Email Address: info@failsafetax.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EQUITY PREMIUM ROOFING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON
OCT 21 2024

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FLORIDA STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

(((H24000349784 3)))

TO: Registration Section
Division of CorporationsSUBJECT: EQUITY PREMIUM ROOFING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FARAH CRUZ

Name of Person

FAIL, SAFE ACCOUNTING LLC

Firm/Company

20 S ROSE AVE SUITE 4

Address

KISSIMMEE, FL 34741

City/State and Zip Code

INFO@FAILSAFETAX.COM

E-mail address: (to be used for future annual report notification)REGISTRATION & FILING
TALLAHASSEE, FLFILED
2024 OCT 21 PM 10:01

For further information concerning this matter, please call:

FARAH CRUZ

407 201-7988

at ()

Daytime Telephone Number

Name of PersonArea Code

Enclosed is a check for the 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EQUITY PREMIUM ROOFING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/05/2022 and assigned Florida document number L22000511033.

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)

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FLORIDA STATE OF
U.S. MAIL

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 _____
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 Changing Registered Agent, Signature of New Registered Agent

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MORALES RODRIGUEZ, FELIX NOEL	2090 OLD HICKORY TREE RD	<input checked="" type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		SAINT CLOUD, FL 34772	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2024 OCT 21 4M 11:01
SECONDARY SINE
TALLAHASSEE, FL

FILED
2024 OCT 21 AM 11:01
SECOND DISTRICT COURT OF APPEAL
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

If the 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 record is filed

Dated OCTOBER 18 2024

Felix Morales Rodriguez
Signature of a member or authorized representative of a member

FELIX NOEL MORALES RODRIGUEZ

Type or printed name of signer

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Filing Fee: \$25.00