L22000526299

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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| то: | Registration Sec Division of Corp | | | | |
|-------------------------|--------------------------------------|---|---|---|--|
| S UBJE | Roof Rejuve | enators LLC | | | |
| SODIII. | | | ited Liability Company | | |
| The enc | losed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all correspor | ndence concerning this matter | to the following: | | |
| | | David Harper | | | |
| | | | Name of Person | <u> </u> | |
| | | Roof Rejuvenators LLC | | | |
| | | | Firm/Company | | |
| 14204 W 88th Dr. Unit B | | | | | |
| | | Address | | | |
| | | Arvada CO 80005 | | | |
| | | City/State and Zip Code | | | |
| | | david.harper777@gmail.com E-mail address: (to be used for future annual report notification) | | | |
| For furth | ner information co | oncerning this matter, please ca | ali: | | |
| David F | larper | | 720 6466377 at () | | |
| | Name of | Person | Area Code Daytime | Telephone Number | |
| Enclosed | l is a check for the | e following amount: | | | |
| □ \$ 25 | .00 Filing Fec | ☐ \$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 | | Carrest Addresses | | |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

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

| Roof Rejuvenators LLC | | |
|---|---|--|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our ramited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Cor | mpany were filed on 12/15/2022 | and assigned |
| Florida document number L22000526299 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| Roof Revive LLC | | |
| The new name must be distinguishable and contain the words "Limite | ed 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 ADDRE | <u></u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, | SECRE LANGY OF STAR BY SEE STA |
| 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person occup added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| • | | | |
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Page 2 of 3

| D. If amending a | ny other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: If the di | e, if other than the date of filing: |
| If the record sp (b) The 90th | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed. |
| DatedF | when 23 2023. |
| 2 | Signature of a member or authorized representative of a member |
| Dε | avid Harper |
| | Typed or printed name of signee |