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COVER LETTER

TO:

	Registration So Division of Cor						
SUBJEC"	We Roof A	merica LLC					
SUBJEC	l;		nited Liability Company	- "			
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please rett	am all correspo	ondence concerning this matter	to the following:				
		Demetrius Bondanca					
			Name of Person				
		We Roof America					
			Firm/Company				
13013 Seminole Blvd, 1145							
			Address		•		
	Largo, FL, 33778 City/State and Zip Code					123	
						-3	
		dbondanca@weroofamerica				-	
		E-mail address: (to be used for future annual report noti	fication)		ر <u>ن</u> دع	
For further	r information c	oncerning this matter, please c	afl:		•		
Demetrius Bondanca			813 500-9337			-	
	Name o	f Person	at () Area Code Daytim	e Telephone Number	•	l	
Enclosed i	s a check for th	ne following amount:					
■ \$25.00 Filing Fee Solution Status			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	0.00 Filing Fee, ertificate of Status & crtified Copy dditional copy is enclosed		
	1ailing Addres		Street Address:				
Registration Section Division of Corporations P.O. Box 6327			Registration Sec				
			Division of Cor The Centre of T	•			
	allahassee. I		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

We Roof America LLC (A Florida 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 _____ and assigned Florida document number <u>1</u>23 0000 43 819 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) 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

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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Timothy Hernandez	607 Belleair Place	□Add
		Clearwater, FL, 33756	=Remove
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ocui	ment's effective	date on the Dep	artinent of S	tate's record	s.	ay ming requir	ements, this c	ate wii ii	or ne fisied a
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Filing Fee: \$25.00

Typed or printed name of signee