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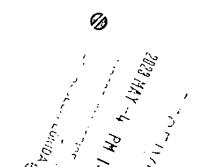


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COVER LETTER

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|------------------------------|--|--|--|
| SUBJECT: | | | SOLUTION LLC |
| | Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. The return all correspondence concerning this matter to the following: | | |
| The enclosed Articles of | Amendment and fee(s) are subm | itted for filing. | |
| Please return all correspo | ondence concerning this matter to | the following: | |
| | | Name of Limited Liability Company Indice(s) are submitted for filing. Iming this matter to the following: Source Firm/Company | |
| | | Name of Person | |
| | | Firm/Company | |
| | 550 | O Coureau | Ave |
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| | | City/State and Zip Code | =L/33707 |
| | E-mait ad ress: (to | be used for future annual report not | inALLRISK.COM |
| For further information of | | | |
| | | at (727 68 Area Code Daytin | 881530 ne Telephone Number |
| Enclosed is a check for ti | he following amount: | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Address Registration | | <u>Street Address:</u> Registration Se | ection |
| Division of C | | Division of Co | |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| West (| LOAST ROOFING SOCUTIONS LLC |
|---|--|
| (Name of the Limited Liabili (A Florida | ity Company as it now appears on our records.) a Limited Liability Company) |
| The Articles of Organization for this Limited Liability C | Company were filed on 1/30/23 and assigned |
| Florida document number LZ300054 | <u>L841</u> |
| This amendment is submitted to amend the following: | SHAY STATE |
| A. If amending name, enter the new name of the lim | nited liability company here: |
| FLOLIDA ROOFIN | 14 SOLUTIONS LLC |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> |
| (Principal office address MUST BE A STREET ADDI | RESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | <u></u> |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address 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 = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| f an effective <u>Note:</u> If the | ate, if othe date is listed. date insert effective da | , the date i ed in this | nust be spec block doe | cific and es not n | cannot be neet the a | pplicabl | date of fili e statutor | ng or more y filing r | than 90 c | _ (optional) by after the ents, this | iling.) Pu | rsuant to 603 I not be list | 5.0207 ((cd as) |
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Filing Fee: \$25.00