L23000059360

(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:

Office Use Only

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: REPLACE YOUR ROOF LLC
Ref. Number: L23000059360

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We have received your document for REPLACE YOUR ROOF LLC and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 923A00010606

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: ~~$52.50~~ 60.00
AUTHORIZATION SIGNATURE: _____

Replace Your Roof LLC L23000059360
BUSINESS (Name) Document #

___ Walk in

___ Mail out

___ Photocopy

__X__**Certified Copy (please stamp each page)**

__X_ **Certificate of Status**

___ Pick up time____

____ Will wait

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NEW FILINGS

____Profit
____Not for Profit
____Limited Liability
____Domestication
____Other
___ **CORP**

AMMENDMENTS

__X__Amendment
____Resignation of R.A. Officer/Director
____Change of Registered Agent
____Dissolution/Withdrawal
____Merger
___**Conversion**

OTHER FILINGS

____Annual Report

____Fictitious Name

REGISTERATION/QUALIFICATIONS

___ Foreign filing
____Limited Partnership
___ Reinstatement

____Other

___2__ APOSTIL ( ) _____2 Uruguay_____
Country

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Replace Your Roof 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:

Nina marie Crisafulli
Name of Person

Replace Your Roof
Firm/Company

38 Robert Dr
Address

Albany NY 12205
City/State and Zip Code

Nina@Klausroofingupstateny.com
E-mail address to be used for future annual report notification

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For further information concerning this matter, please call:

Nina Crisafulli at (518) 376-3356
Name of Person Area Code Daytime Telephone Number

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Replace Your Roof LLC

Name of the Limited Liability Company as it now appears on our records

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The Articles of Organization for this Limited Liability Company were filed on: 2/1/23

Florida document number L23000059360

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

Florida

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. (The above document is being filed to merely reflect a change in the registered office address. I hereby confirm that the corporation/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

Title	Name	Address	Type of Action
AR	Jarrod Haas	709 Little Palm Cir. Cape Coral FL 33991	
MGR	Ninamaric Crisafulli	709 Little Palm Cir Cape Coral FL 33991	
AMBR	Ninamaric Crisafulli	709 Little Palm Cir Cape Coral FL 33991	
AR	Ninamaric Crisafulli	709 Little Palm Cir Cape Coral FL 33991	

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D. If amending any other information, enter change(s) here:

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E. Effective date, if other than the date of filing: 11/30/23 (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.

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 earliest date specified. The 90th day after the record is filed.

Dated May 10, 23

Nina Marie Crisafulli

Signature of member or authorized representative (if applicable)

Nina marie Crisafulli

Typed or printed name of signee

Filing Fee: $25.00