page lof5 42400000 7575

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000007575 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013

Fax Number

: (954)567-3401

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

Email Address: annette @ apiprocessing.eom

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TURTLE ROOFS LLC

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01 \$25.00

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COVER LETTER ...

TO: Registration S Division of Co			
	ROOFS LLC		
SUBJECT:	Name of Lit	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Annette Mota		
		Name of Person	
	API Processing - Licensin	g, Inc.	
		Firm/Company	
	3419 Galt Ocean Drive St	nite A	
		Address	
	Port Lauderdale FL 33308	1	
	-	City/State and Zip Code	
	annette@apiprocessing.com	n to be used for juture annual report no	
For further information (concerning this matter, please o	•	ninearios, y
Annerte Mota		954 567-0013	
Name o	f Person	Area Code Dayti	me Telephono Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

Tallahassce, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TURTLE ROOFS LLC	<u></u>	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 05/25/2023	and assigned
Florida document number L 23000 257 315		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
TURTLE ROOFING LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	ebbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		/
		,
		:
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	_ 	
. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new regist
gent and/or the new registered office address here:	2001 541 511 541 74451 W.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip Code

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.

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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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
		<u> </u>	□Removc
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		19/20/2022			
factive date, if other in effective date is listed, to nte: If the date insorted cument's effective date	in this block does n	of meet the applicant	fate of filing or more the statutory filing req	(optional) an 90 days after filing uirements, this date) Pursuant to 605.0207 (will not be listed as the
				e earlier of: (b) Th	a COsh day after the

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

TAMIR DAYAN