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## **COVER LETTER**

	gistration Sect vision of Corpo				
eud wer.	TRI STATE ROOFING & RESTORATION, LLC				
SUBJECT:		Name of Limited Liability Company			
The enclosed	I Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		John A. Makres			
			Name of Person		
		Levin Gann PA			
			Firm/Company		
		1 W. Pennsylvania Ave, Suite 900			
			Address		
		Towson, MD 21204			
			City/State and Zip Code		
		mwilson@tristaterestores.co	om  o be used for future annual report	notification)	
For further in	nformation cor	neerning this matter, please ca	-	invirite atterity	
John A. Mal	kres		410 321-4677	7	
·	Name of F	erson	at () Area Code Day	time Telephone Number	
Enclosed is a	i check for the	following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## TRI STATE ROOFING & RESTORATION, LLC

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

(À FI	orida Limited Liability Company)	,
The Articles of Organization for this Limited Liabili Florida document number L23000334089	ity Company were filed on 07/14/2023	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
TS Roofing & Restorations, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	ODRESS)	
The second secon		2024
Enter new mailing address, if applicable:		( -
(Mailing address MAY BE A POST OFFICE BOX		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regist	cored office address on our records and	in the name of the name against
agent and/or the new registered office address he		G G
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ada	tress
		Florida
	Сиу	FloridaZip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, ad agent as provided for in Chapter 60, stered office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			DAdd
			□Remove
			□ Change
		_	□Add

\_\_\_\_\_\_ □Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effec lote: H	e date, if other than the date of filing:
record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	July 7 . 2024.
	Signature of a member or authorized representative of a member
	MARK WILSON