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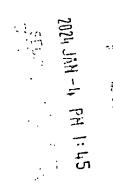
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:		istration Sect sion of Corpo								
CHD IEZ	ст.	Record Roofing LLC								
SUBJEC	CI:									
The encl	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.						
Please re	eturn	all correspond	dence concerning this matter	to the following:						
			Kimberly M.							
				Name of Person						
			ZenBusiness Inc.							
	Firm/Company									
	336 E College Ave. Ste 301									
				Address						
			Talllahasse, FL 32301							
				City/State and Zip Code		-				
			fulfillment@zenbusiness.co							
			E-mail address: ()	to be used for future annual (report notification)					
For furth	ner in	formation con	cerning this matter, please ca	ıll:						
Kimberly C/O ZenBusiness Inc.			s Inc.		36249					
	· · ·	Name of P	Person	at () Area Code	Daytime Telepho	one Number				
Enclosed	d is a	check for the	following amount:							
■ \$25.	.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	<u>Mail</u>	ing Address:		Street Ad	tdress:					

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Record Rooting LLC					
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appe- ted Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Comp Florida document number 1.23000373561	any were filed on _	08/09/2023		_ and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	<u>liability company l</u>	<u>iere</u> :			
The new name must be distinguishable and contain the words "Limited L	iability Company," the	designation "L1.C" of	r the abbrev	ciation "L	L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS	<u> </u>		!	~	
			7 - (17) 1 - 17	24	المشدد ت
			1.7	2	d ti . €=π⊅
Enter new mailing address, if applicable:				=	
Mailing address MAY BE A POST OFFICE BOX)				PX	n is t
Mining dadress MAT BL AT OST OTTICE BOX			- '.,		744.7°
			1	_	
B. If amending the registered agent and/or registered offi	ice address on our	records, enter the			w regis
agent and/or the new registered office address here:		, <u></u>			
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter Fle	orida street address	· <u> </u>		
		. Floric	da		
	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jesse Lynch-Shaw	109 Carolyn Terrace	
		Daytona Beach Shores, FL 32118	■ Remove
			Change
AMBR	Susan C Moore	1379 hrookgreen way	≣ Add
		Fleming island, FL 32002	□Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
			□ Change
			□Add
		·	⊡Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: UPON APPROVAL _ (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.) Pursuant to 605.0207 (3)(b) 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 earlier of: (b) The 90th day after the record is filed. Dated _ December, 20th 2023 /s/ Shane Moore Signature of a member or authorized representative of a member Shane Moore Typed or printed name of signee