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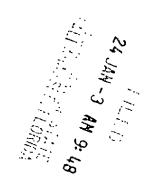
		
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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J. HORNE		
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Office Use Only



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COVER LETTER

Division of Co				
	FING LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	DOUGLAS EDWARD RI	CHARDS		
		Name of Person	· 	
	RDG ROOFING LLC			
		Firm/Company	-	
	1635 PARADE CIRCLE			
		Address		
	DELAND, FL 32724			
		City/State and Zip Code		
	RDGROOFING@GMAIL.	COM to be used for future annual report no	diffication)	
For further information	concerning this matter, please e		micatory	
DOUGLAS RICHARD	S	386 804-8117		
Name (of Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for t	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)	
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection	
Division of C	Corporations	Division of Co	Division of Corporations	
P.O. Box 63. Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

cords.)

RDG ROOFING, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/10/2023}{1}$ and assigned Florida document number __L230000377453 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Enter Florida street 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. 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.

City

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
AMBR	PATRICIA S BURNS	1635 PARADE CIRCLE	
		DELAND FL 32724	■Remove
			□Change
AMBR DOUGLAS EDWARD RICHARD	DOUGLAS EDWARD RICHARD	1635 PARADE CIRCLE	■Add
	DELAND FL 32724	□Remove	
			□Change
			□Add
			□ Remove
			Change
			□Add
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			Change
			□Remove
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<u>iote:</u>	ve date, if other than the date of filing:
record Lis fil	I 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 ed.
ated .	Signature of a member or authorized representative of a member

. . .

Filing Fee: \$25.00