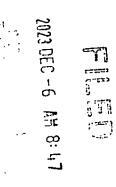
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COVER LETTER

TO:	Registration Se Division of Cor			•
137 / 83 7 73		OOFING LLC		
SUBJE	CT:	Name of Limit	ed Liability Company	
		Amendment and fee(s) are subm		
		Tasha A. Warnock		
			Name of Person	
		The Warnock Law Group L	I.C	
		·	Firm/Company	
		6843 Porto Fino Circle		
			Address	
		Fort Myers, FL 33912		
			City/State and Zip Code	
		Law@Warnocklawgroup.com	m o be used for future annual report notific	cation)
For furt	her information c	oncerning this matter, please cal		·
	A. Warnock	and a management of the same and	239 437-1197	
		f Person	at ()	Telephone Number
Enclose	ed is a check for th	ne following amount:		
	5.00 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		Street Address: Registration Sect	ion

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAMAR ROOFING LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our rec Limited Liability Company)	rards.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/17/2023	and assigned
Florida document number 1.23000476690	∴	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
DAMAR ROOFING SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		2023 DEC
		OE TH
Enter new mailing address, if applicable:		hatts.
		ري. ا د ا
(Mailing address MAY BE A POST OFFICE BOX)		1100
		<u> </u>
B. If amending the registered agent and/or registered	Loffice address on our records, et	ter the name of the new register
B. If amending the registered agent and/or registered agent and/or the <u>new registered office address here</u> :	office address on our records, <u>er</u>	/
gen division of the second of		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
	Differ 1 100 to the Carlot	
	City	, Florida Zip Code
	City	121/2 (1711)

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 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
			□Add
			Remove
			Change
			□Add
		<u> </u>	Remove
			Change
			DAdd
			□Remove
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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f an effective date is Note: If the date i	Tother than the date of filing:
record specifies a d is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
November Dated	2023
	Signature of Amendor or authorized representative of a member
Tasha	A. Warnock, Registered Agent
	Typed or printed name of signee

Filing Fee: \$25.00