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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| TO: | Registration Se Division of Cor | | | v r |
|------------|------------------------------------|--|---|---|
| 414 FR EET | CORP | TC ROOFING LLC | | |
| SUBJE | CI: | Name of Lin | ited Liability Company | : |
| The enc | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | |
| | | BRYAN'S FUNEZ | | |
| | | | Name of Person | |
| | | FANTASTIC ROOFING | LLC | |
| | | | Firm/Company | |
| | | 218 9TH ST W | | |
| | | | Address | |
| | | PALMETTO, FL. 34221 | | |
| | | | City/State and Zip Code | |
| | | fantastic lroofing@gmail.co | | |
| | | E-mail address: (| to be used for future annual report no | tification) |
| For furt | her information c | concerning this matter, please c | all: | |
| BRYA | N S FUNEZ | | 941 357-3699 at () | |
| - | Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclose | d is a check for t | he 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) |
| | Mailing Addres Registration 5 | | Street Address: Registration S | ection |
| | Division of C | | Division of Co | |
| | P.O. Box 632 | 27 | The Centre of | Tallahassee |
| | Tallahassee, I | FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited I (A) | Liability Compa Florida Limited I | ny as it now appears on our liability Company) | records.) |
|---|---|---|---------------------------------------|
| The Articles of Organization for this Limited Liabi Florida document number 1.24000024727 | lity Company | were filed on | and assigned |
| This amendment is submitted to amend the followi | ng: | | |
| A. If amending name, enter the new name of th | e limited liab | ility company here: | |
| N/A | | | ~ |
| The new name must be distinguishable and contain the words | s "Limited Liabil | ity Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: | 218 9TH ST W | · · · · · · · · · · · · · · · · · · · |
| Principal office address MUST BE A STREET A | DDRESS) | PALMETTO, FL. 34221 | الله من الله |
| | | | |
| Enter new mailing address, if applicable: | | 218 9TH ST W | 1.09 |
| Mailing address MAY BE A POST OFFICE BO | <i>X</i>) | PALMETTO, FL. 34221 | |
| 3. If amending the registered agent and/or registered office address h | | address on our records, | enter the name of the new regis |
| Name of New Registered Agent: | GLORIA E ESPINAL GARCIA | | |
| New Registered Office Address: | New Registered Office Address: 218 9TH ST W | | |
| | Enter Florida street address | | |
| <u> 1</u> | PALMETTO | | , Florida <u>34221</u> |
| | | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

FANTASTIC ROOFING LLC

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, 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 |
|--------------|---------|-------------|----------------|
| | N/A | | □Add |
| | | | □Remove |
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| ectiv | e date, if other than the date of filing: N/A (optional) |
| effec | tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| ume | it's effective date on the Department of State's records. |
| | |
| cord s file | 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 l. |
| | |
| ed _ | May 01 . 2024. |
| | PI > |
| | Signature of a member or authorized representative of a member |
| | |
| | BRYAN S FUNEZ |