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(((H240001783783)))



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To:			LCA HA
	Division of Corp	orations	IT
		(850)617-6383	ASS 11
From:			E P
	Account Name :	ZENBUSINESS INC.	
	Account Number :	120230000190	င္လိုင္ ပ္ရ
	Phone :	(844)449-3624	OR I
	Fax Number :	(512)597-0678	8 10

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___



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	Specialized Roofing	Sectors 110		and assigned ?
		me of the Limited Linhility Company as it now (A Florida Limited Linhidity Cor	(appears on our records.)	- in the
				Stering Pr
		his Limited Liability Company were filed	on	and assigned .
Florida doe	ument number <u>1.24000</u>			
This amend	ment is submitted to a	mend the following:		
A. If amen	ding name, enter the	new name of the limited liability comm	any here:	
The new name	e must be distinguishable a	nd contain the words "Limited Liability Company	y." the designation "LLC" or th	e abbreviation * U.L.C."
Enter new	principal offices add	ress, if applicable:		
<u>(Principal a</u>	office address MUST	BE A STREET ADDRESS)		
	mailing address, if a		,	
<u>(Mailing ac</u>	<u>ldress MAY BE A PO</u>	<u>ST OFFICE BOX)</u>		
		gent and/or registered office address or	1 our records, <u>enter the p</u>	ame of the new registered
agent and/o	or the new registered	office address here:		
N	and of Name Development	4 August		
<u>. N</u>	une of New Registered	<u> 1 / Agenu</u> .		
<u>N</u> ,	ew Registered Office /		nter Florido street address	

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

To:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

Zip Code

MGR = M AMBR ∞ A	lanager Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR	CBF Trusi	5221 Bridge Trail West	🗅 Add
		Commerce Township, MI 48382	■Remove
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To:

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From: ZenBusiness User

To:		
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D. If amending any other information, enter change(s) here: (Attachadditional sheets, if necessary.)

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(If an effective date is liste Note: If the date inse	her than the date of filing:(optional) ed, 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) arted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
the record specifies a de cord is filed	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
May 17th	, 2024
	n Paul Wagner
	Signature of a member or authorized representative of a member
Stephen P.	aul Wagner
	Typed or printed name of signee