Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone : (813)932-5244

Fax Number : (813)932-3782

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

info@activatemylicense.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE TAMPA ROOFER LLC

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M. SOLOMON

FEB 27 2024

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## **COVER LETTER**

TO: Registration So Division of Cor						
SUBJECT: THE TA	MPA ROOFER LLC					
	Name of Lin	ated Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	JANINE SKIPPER					
		Name of Person	, , , , , , , , , , , , , , , , , , ,			
	CONTRACTORS R		VICE INC			
		Firm/Company				
	23110 SR 54, PMB	336 Address		· · · · · · · · · · · · · · · · · · ·	2024	
		Audites			2024 FER 27	F
	LUTZ. FL 33549	City/State and Zip Cod				
	info@activatemylice		· ·		PH 12: 24	[]
	E-mail address: (	to be used for future annua	al report notification	1)	<u>5</u>	
For further information c	oncerning this matter, please c	all:		-	14	
JANINE SKIPPER		813	932-5244			
Name o	f Person	Area Code	Daytime Telep	hone Number		
Enclosed is a check for the	ic following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e		S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres			Address:			

Registration Section 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

THE TAMPA ROOFER LLC					
( <u>Name of the Limited Liability Company</u> (A Florida Limited Li	y as it now appears on our records, ability Company)	.)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{2\cdot22i2024}{}$ and assigned Florida document number $\frac{L24000093436}{}$ .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	ity company here:				
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.1, C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		<del></del>			
		<u>: 7</u>			
Enter new mailing address, if applicable:		27			
(Mailing address MAY BE A POST OFFICE BOX)					
		24			
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, <u>enter tl</u>	he name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Flor	rida			
	CIţV	г, үр с гонс			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F	d Lam familiar with and F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

((( 33 AM 48 3

02/27/2024 9:53 AM

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
MGR	NICHOLAS GRAHAM	15344 WINDING CREEK DR	□Add
		TAMPA, FL 33613	<b>≡</b> Renюve
			□Change
MGR	NICOLAS GRAHAM	15311 WINDING CREEK DR	<b>≅</b> ∆dd
		TAMPA, FL 33613	□ Remove
			☐Change 2024 FT
			—————————————————————————————————————
			_ 1
			□ Remove P
			Remove
			☐Change
			□Add
			Remove
			Change
			□Add
			Remove
			(T)(1)

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

48 3)))

Typed or printed name of signee