Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000082673 3)))



H240000826733ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 : (813)932-3782 Fax Number

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

Semail Address: info@activatemylicense.com

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

MAR 0 4 2024 I. LEMIEUX

COVER LETTER

TO:	Registration Se Division of Cor				
	is and the same of	, ND			
SUBJE	CT; THE TAI	MPA ROOFER LLC	nited Liability Company		
		Paging of Lift	mea manny a ompany		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for tiling		
r icase i	cuun au correspo	ndence concerning this matter	to the following:		
		JANINE SKIPPER			
			Name of Person		
		CONTRACTORS	EPORTING SERVI	CE INIC	
		CONTRACTORS R	Firm Company	GE INC	
		23110 SR 54, PMB	Address		
			Address		
		LUTZ. FL 33549			
			City/State and Zip Code		
		info@activatemylice	nse.com to be used for future annual re		
V 6				eport nonneamen)	
For furti	er information co	incerning this matter, please c	att:		
JANIN	IE SKIPPER		813 93	32-5244	
	Name of	Person	Area Code	Daytime Telephone Nu	mber
Enclused	Lis a check for th	e following amount:			
□ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy cadditional copy is each	Cert wat) Cert	00 Filing Fee, ificate of Status & ified Copy donal copy is enclosed)
	Mailing Address Registration S Division of Co	ection		dress: tion Section of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

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

03/01/2024 11:41 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

THE TAMPA ROOFER LI	LC		
(Name of the Lim	nited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	ecords.)
The Articles of Organization for this Limited I Florida document number <u>L24000093436</u>		vere filed on 2/22/2024	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	_	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		

Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE]	F R()V)		
maning andress may be a root of the	<u>L BOAJ</u>	-	202
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ac	ddress on our records, g	enter the name of the new registered
agent and/or the new registered office address	ess nerg.		TO TO IT
Name of New Registered Agent:	NICOLAS GRA	нам	OF S
New Registered Office Address:			1AT 12
isew registered variety address.	-	Enter Florida street	address TN
			Florida
		Ciţy	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete p gistered agent as pr registered office a	performance of my duti rovided for in Chapter address. I hereby confi	es, and I am familiar with and 605, F.S. Or, if this document is
		MOUS GRAF	dM.

If Changing Registered Agent, Signature of New Registered Agent

From: Janine Skipper

Fax: 18139325244

To: Div of Corps -LLC

Fax: (850) 617-6383

Page: 5 of 6

03/01/2024 11:41 AM 73 3)))

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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			🗆 🖂 🖂 Add
			Remove
			Change
·			[]Add
		***	□Remove
			DChange
			□Add
			□Remove
			☐ Change
			□ Remove
			□Change
			□ Remove
			[]Change
	· · · · · · · · · · · · · · · · · · ·	 -	□Add
			□Remove
			□Change

	-	-	·		<u></u>
					
					·
				·	
					
 					
		THE TAX	···		
					
	·				
			271, 21		
((

Note: If the date	f other than the date of fi s listed, the date must be specific inserted in this block does n tive date on the Department	ot meet the applicat	odate of filing or mobile statutory filing	(option to than 90 days after file grequirements, this d	al) ing.) Pursuant to 605.0207 (into will not be listed as t
	a delayed effective date, but	not an effective tin	ne. at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
e record specifies d is filed.					
d is filed.	MARCH 1	2024			
rd is filed.	MARCH 1		NI (0	ingred by HAS GRAHAM	
rd is filed.		2024 of a member or author	NI (0	HAS CHAHAA:	