L2400009343L0

(Reques	itor's Name)				
(Address)					
(Address	s)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
ertified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	J. HORNE DEC 16 2024				

Office Use Only



300439611163

12/13/24-01001-012 **25.00

2024 DEC 13 AM11: 29

2024 DEC 13 AX11: 21

では、日本では

CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UP:	JENA 12/13				
	CERTIFIED COPY					
XX	РНОТОСОРУ					
	CUS					
XX	FILING	LLC AMEND				
	THE TAMPA ROOFER LLC					
	(CORPORATE NAME AND DOCUMENT #)					
	(CORPORATE NAME AND DOCUMENT#)					
	(CORPORATE NAME AND DOCUME)	NT #)				
	(CORPORATE NAME AND DOCUME)	NT #)				
	(CORPORATE NAME AND DOCUMENT #)					
	(CORPORATE NAME AND DOCUME)	NT#)				
ECIAL INSTRUCTIONS:						
						

sign Eπvelope ID: 00496374-1C8D-4F40-98A4-FE5E2D4E2A56

TOVER LETTER

O: Registration Section **Division of Corporations** THE TAMPA ROOFER LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: **ESSAM KERAS** Name of Person MK BOOKKEEPING SERVICES, LLC Firm/Company 6741 LAND O LAKES BLVD Address LAND O LAKES, FL 34638 City/State and Zip Code ESSAM@MKBKSERVICES.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ESSAM KERAS 368 - 2872 Daytime Telephone Number Name of Person nclosed is a check for the following amount: ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

sign Envelope ID: 00496374-1C8D-4F40-98A4-FE5E2D4E2A56

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 DEC 13 AM 11:30

THE TAMPA ROOFER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability Company	y were filed on $\frac{02/22}{2}$	and assigned
lorida document number L24000093436		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here	:
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	enation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	ords, <u>enter the name of the new registered</u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
		, Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	e performance of my provided for in Cha	duties, and I am familiar with and apter 605, F.S. Or, if this document is
If Cha	anging Pagistared Agant	Signature of New Registered Agent

sign Envelope ID: 00496374-1C8D-4F40-98A4-FE5E2D4E2A56 amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

1GR = Manager

.MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
4GR	MATTHEW MULLEN	3025 ROBINWOOD LN	= Add
		PALM HARBOR, FL 34684	□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

Filing Fee: \$25.00

Typed or printed name of signee

NICOLAS GRAHAM