L240001160412

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H24000283363 3)))

H240002833633ABC+

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    : API PROCESSING
        Account Number  : I20110000269
        Phone           : (954)567-0013
        Fax Number      : (954)567-3401
```

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

Email Address: elsie@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROCKET ROOFING & REPAIR LLC

Certificate of Status	4
Certified Copy	0
Page Count	01
Estimated Charge	$45.00

Electronic Filing Menu   Corporate Filing Menu   Help

K. SALY

AUG 2 6 2024

H24000283363 3

August 23, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ROCKET ROOFING & REPAIR LLC
416 SW 1ST AVE
105
FORT LAUDERDALE, FL 33301US

SUBJECT: ROCKET ROOFING & REPAIR LLC
REF: L24000116042

We received your electronically transmitted document. However, the
document has not been filed. Please make the following corrections and
refax the complete document, including the electronic filing cover sheet.

Missing 2nd page of amendment form.

If you have any questions concerning the filing of your document, please
call (850) 245-6051.

Mel Solomon   FAX Aud. #: H24000283363
Operations Manager A   Letter Number: 624A00018972

P.O BOX 6327 – Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ROCKET ROOFING & REPAIR LLC
_____
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on __03/07/2024__ and assigned Florida document number L24000116042 ____.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here:</u>

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS)   _____
                                                         _____

Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX)   _____
                                                         _____

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here:</u>

Name of New Registered Agent: _____

New Registered Office Address: _____
                                        Enter Florida street address

                                  _____, Florida _____
                                        City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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, <u>Signature of New Registered Agent</u>

H24000283363 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records:</u>

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ryan M Crispino	416 SW 1st Avenue # 105 Fort Lauderdale, FL 33301	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2024 AUG 23 AM 2:56

H24000283363 3

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____ , _____

Ryan Crispino (Aug 23, 2024 12:40 EDT)
Signature of a member or authorized representative of a member

Ryan M Crispino
Typed or printed name of signee

Filing Fee: $25.00