

6/10/24, 1:30 PM

Division of Corporations

Page 1 of 4

# L24000/16256

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.

((H24000202606 3)))



H240002026063ABCV

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 : I20110000069  
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: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ORLANDO ROOFING SOLUTIONS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN 11 2024

RECEIVED

2024 JUN 10 PM 3:00

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 JUN 10 PM 1:59  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

FILED

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

H24000202606 3

Page 2 of 4

ORLANDO ROOFING SOLUTIONS, 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 L24000116256.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

4223 CRICKET HOLLOW COVE

(Principal office address MUST BE A STREET ADDRESS)

CASSELBERRY, FL 32707

Enter new mailing address, if applicable:

4223 CRICKET HOLLOW COVE

(Mailing address MAY BE A POST OFFICE BOX)

CASSELBERRY, FL 32707

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

Name of New Registered Agent:

RYAN E. REEVES

New Registered Office Address:

4223 CRICKET HOLLOW COVE

*Enter Florida street address*

CASSELBERRY

Florida

32707

*City*

*Zip Code*

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

*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.*

*RE*  
SIGNATURE OF NEW REGISTERED AGENT

If Changing Registered Agent, Signature of New Registered Agent

H24000202606 3

H24000202606 3

Page 3 of 4

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>       | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|-------------------|--------------------------|--|
| MGR          | SAMUEL H. LAMBERT | 34324 TUSCANY AVENUE     | <input type="checkbox"/> Add               |
|              |                   | SORRENTO, FL 32776       | <input checked="" type="checkbox"/> Remove |
|              |                   |                          | <input type="checkbox"/> Change            |
| AMBR         | JUAN ARISTIZABAL  | 4223 CRICKET HOLLOW COVE | <input checked="" type="checkbox"/> Add    |
|              |                   | CASSELBERRY, FL 32707    | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |

2024 JUN 10 PM 1:59  
FILED  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

H24000202606 3

J24000202606 3

Page 4 of 4

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

**FILED**

2024 JUN 10 PM 1:59

RECEIVED  
FBI PHOENIX

**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 90<sup>th</sup> day after the record is filed.

Dated Jun 10, 2024

Ryan Rogers (Jun 10, 2024 12:25 EDT)

Signature of a member or authorized representative of a member

RYAN B. REEVES

Typed or printed name of signee

**Filing Fee: \$25.00**

H24000202606 3