

**L24000/15438**

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.**

((H24000298629 3)))



H240002986293ABC9

**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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FPM ROOFING LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

SEP - 4 2024

RECEIVED

2024 SEP - 3 PM 12:45

RECEIVED  
DIVISION OF CORPORATIONS  
SEP 3 2024

RECEIVED  
FPM ROOFING LLC  
2024 SEP - 3 AM 2:21

FILED

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

H24000298629 3

FPM ROOFING LLC

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

FILED  
2024 SEP -3 AM 2:21  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 29, 2024 and assigned

Florida document number 124000145438.

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:

(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, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, Florida 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.*

If Changing Registered Agent, Signature of New Registered Agent

H24000298629 3

As an authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H24000298629 3

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Matthew Lestarge	660 Garden Commerce Pkwy	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Benjamin Lestarge	660 Garden Commerce Pkwy	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steven Wetherington	660 Garden Commerce Pkwy	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Civic Renewables, Inc.	c/o GHF Capital Partners	<input checked="" type="checkbox"/> Add
		1300 17th Street, Suite 830	<input type="checkbox"/> Remove
		Arlington, VA 22209	<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

FILED  
24 SEP -3  
TALLAHASSEE, FLORIDA

H24000298629 3

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

2024 SEP -3 AM 12:21  
ECONOMIST, FLORIDA  
TALLAHASSEE

החל

(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)

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 August 30, 2024

- Signed by:

Leon Keshishian

~~SECRET~~

Signature of a member or authorized representative of a member

Leon Keshishian

Typed or printed name of signee

H24000298629 3

**Filing Fee: \$25.00**