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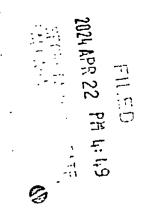
(Requestor's Name)	<u>-</u> .
(Address)	
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	City/State/Zip/Phone #)	
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(Business Entity Name)	
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Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		٤
Expert Aft	ordable Roofing LLC		
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nathan Dixon		
		Name of Person	
	Expert Affordable Roofing	g LLC	
		Firm/Company	<u></u>
	4781 Vargas St		
		Address	
	Orlando, Fl. 32811		
	1. 0500	City/State and Zip Code	
	ndixon850@yahoo.com E-mail address: (to be used for future annual report not	ification)
For further information (concerning this matter, please c	all:	
Nathan Dixon		850 516-0617	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Expert Affordable Rooting 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 $\frac{03/262024}{1}$ and assigned 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 "LLC." 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 registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 t 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Γype of Action
AMBR	Ulrick Alfred	4003 Santa maria Drive apt. 104 Kissimmee, Fl. 34741	_ ■Add
			_ □Remove
			_
AMBR Mike Hijada	Mike Hijada	4420 Harts Cove Way Clermont, Fl. 34711	_ ≣ Add
			_ □Remove
			_ □Change
 			_ 🗆 Add
			_ 🗆 Remove
		 	_ □Change
			_ 🗆 Add
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			□Change
			_□Add
			□Remove
			□Change

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(If an ef <u>Note:</u>	ive date, if other than the date of filing: 04/19/2024 (optional) fective 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 605.01 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
ne reco	ed 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
Dated	04/18/2024
	Signature of a member or authorized representative of a member
	Nathan P. Dixon
	Typed or printed name of signee

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