| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (During Falls Man) | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| J. HORNE MAY - 2 2024 | | | |

Office Use Only



900428282379

RECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

| Date:(| 04/30/2024 | |
|---------------|----------------------------------|-------------------------|
| Name: | Patrice Rush | |
| Reference #: | 2339688 | |
| Entity Name: | BATTERB | EE ROOFING, LLC |
| ☐ Articles | s of Incorporation/Authorization | on to Transact Business |
| ✓ Ameno | Iment | |
| ☐ Chang | e of Agent | |
| ☐ Reinsta | atement | |
| ☐ Conve | rsion | |
| Merge | | |
| ☐ Dissolu | ution/Withdrawa1 | |
| Fictitio | us Name | |
| Other_ | | |
| Nuthorized Ar | mount: \$25.00 | |



0.4/00/0004

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

| Date: | J4/30/2024 | |
|---------------|---------------------------------------|-------------------------|
| Name: | Patrice Rush | _ |
| Reference #:_ | 2339688 | <u> </u> |
| Entity Name:_ | BATTERB | EE ROOFING, LLC |
| ☐ Articles | s of Incorporation/Authorization | on to Transact Business |
| ✓ Amend | Iment | |
| ☐ Chang | e of Agent | |
| Reinsta | atement | |
| Conve | rsion | |
| ☐ Merger | r | |
| ☐ Dissolu | ution/Withdrawal | |
| Fictition | us Name | |
| Other_ | · · · · · · · · · · · · · · · · · · · | |
| | | |
| Authorized Ar | mount: \$25.00 | |
| Signature: | (Pattle | |

F: 800.944.6607

COVER LETTER

| τO: | Registration Sec Division of Corp | | | |
|-----------------------------------|--------------------------------------|--|---|---|
| /12 / 13 14 | | EE ROOFING, LLC | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | |
| The en | closed Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Dayli Betancourt | | |
| | | | Name of Person | |
| | | - | Firm/Company | <u> </u> |
| 2811 Ponce de Leon Blvd Suite 400 | | | | |
| | | | Address | |
| | | Coral Gables, FL 33134 | 0.0.17.0.1 | |
| | | | City/State and Zip Code | |
| For fur | ther information c | E-mail address: (oncerning this matter, please of | to be used for future annual report noti | fication) |
| | Betancourt | - , | 786 797-3858 | |
| _ | Name o | f Person | at () Area Code Daytim | ne Telephone Number |
| Enclos | ed is a check for th | ne following amount: | | |
| ≡ \$2 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & 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

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

| C |)F | P2. |
|---|---|----------------------------|
| | | and assigned |
| BATTERBEE ROOFING, LLC | | |
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) | 2. 10 C |
| | , , | |
| The Articles of Organization for this Limited Liability Company | were filed on 04/08/2024 | and assigned |
| Florida document number L24000159186 | | |
| This amendment is submitted to amend the following: | | i J |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company "the decignation "LLC" or t | the abbreviation "L. L.C." |
| The less hand the distinguishable and contain the words. Indice that | my company, me acagainm one or | |
| 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 | |
| | . Florid | 9 |
| | 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.

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> | Address | Type of Action |
|--------------|------------------|-----------------------------------|-----------------|
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| EVP | Brian Connell | 2811 PONCE DE LEON BLVD SUITE 400 | 🗆 Add |
| | | SUITE 400 | Remove |
| | | CORAL GABLES, FL 33134 | □Change |
| EVP | Forest Wester | 2811 PONCE DE LEON BLVD SUITE 400 | □Add |
| | | SUITE 400 | ■Remove |
| | | CORAL GABLES, FL 33134 | □Change |
| S | David Gershman | 2811 PONCE DE LEON BLVD SUITE 400 | □Add |
| | | SUITE 400 | ≣ Remove |
| | | CORAL GABLES, FL 33134 | □Change |
| AS | Dayli Betancourt | 2811 PONCE DE LEON BLVD SUITE 400 | 🗆 Add |
| | | SUITE 400 | ≡ Remove |
| | | CORAL GABLES, FL 33134 | ☐ Change |

| • | |
|--------------------|--|
| • | |
| - | |
| - | |
| | |
| | |
| - | |
| - | |
| - | |
| - | |
| | |
| - | |
| - | |
| - | |
| _ | |
| | |
| _ | |
| - | |
| tote: | ive date, if other than the date of filing: (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at ent's effective date on the Department of State's records. |
| record l is fil | d 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 led. |
| | May 1 2024 |
| ated | Jish Band V |
| ated _. | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00

COVER LETTER

| Div | ision of Corp | oorations | | |
|---|-----------------|--|---|--|
| CUDIFOT. | | EE ROOFING. LLC | | |
| SUBJECT:Name of Limited Liability Company | | | | |
| | | | | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspor | idence concerning this matter | to the following: | |
| | | Dayli Betancourt | | |
| | | | Name of Person | |
| | | | | |
| | | | Firm/Company | |
| | | 2811 Ponce de Leon Blvd. | . Suite 400 | |
| | | | Address | |
| | | Coral Gables, FL 33134 | | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For further in | nformation co | ncerning this matter, please ca | all: | |
| Dayli Betan | court | | 786 797-3858 | |
| | Name of | Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a | a check for the | e following amount: | | |
| ■ \$25.00 F | 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) |
| | | | | |

¹ro:

Registration Section

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