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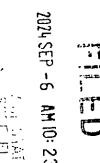
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☐ SICK-NS	WAIT	MAIL
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Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	

Office Use Only



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September 11, 2024

PHILIP THOMPSON 3240 LANSCAM LANE DELAND, FL 32724 US

SUBJECT: PROSOURCE ROOFING & RENOVATION LLC

Ref. Number: L24000168566

We have received your document for PROSOURCE ROOFING & RENOVATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

2024 SEP -6 AM 10: 23

COVER LETTER

TO: Registration S Division of Co				
ProSource SUBJECT:	Roofing & Renovation LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Madison Mewhorter			
		Name of Person		
	ProSource Roofing & Ren	novation LLC		
		Firm/Company		
	1074 Ninth Avenue			
		Address		20
	DeLand, FL 32724			TH SET
	info@prosourceroofs.com	City/State and Zip Code		7024 SEP -6 AM 10: 23
	E-mail address:	(to be used for future annual report noti	fication)	S = -
For further information	concerning this matter, please o	eall:		(C. 17)
Madison Mewhorter		386 279-3354		— ; · · ω
Name (of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional cop	of Status & opy
<u>Mailing Addre</u> Registration		Street Address: Registration Sec		
Division of C	~~~~~*i~~~	Division of Cor	marations	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ProSource Roofing & Renovation LLC			
(Name of the Limited Liability C (A Florida Lia	ompany as it now appears on o nited Liability Company)	ur <u>records.</u>)	
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{04/09/20}{}$	24	_ and assigned
Florida document number L24000168566			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company." the designat	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>	207
(Principal office address MUST BE A STREET ADDRES	<u></u>		<u> </u>
		5.	U de par
		H.	o 1
Enter new mailing address, if applicable:		900	
(Mailing address MAY BE A POST OFFICE BOX)		्रा 	<u> </u>
		آر شم :	23
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	s, <u>enter the name c</u>	of the new registe
agent ana/or the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
		Florida	
	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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Tabatha Rutledge	4450 Mills Road, DcLand, FL 32724	= Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date of filing ck does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed
record specifies a delayed effective is filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
September 23	Madison J. Ma Signature of a member or authorized represen	
	1 1: 0 21	/ /-
7	Nadison I. Me	whorter

Filing Fee: \$25.00