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COVER LETTER

TO:

Tallahassee, FL 32314

	tration Section of Corp				
R	Roof Revita	ilize LLC			
SUBJECT: _	Name of Limited Liability Company				
The enclosed A	Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return al	Il correspo	ndence concerning this matter	to the following:		
		Marisa Landry			
			Name of Person		
		Carthew Law Firm			
			Firm/Company		
		701 N. Main Street			
			Address	<u> </u>	
		Rochester, MI 48307			
			City/State and Zip Code		
		admin@carthewlaw.com		S CO	
For further info	ormation co	n-mail address: (oncerning this matter, please ca	to be used for future annual report no all:	TALLA	
Marisa Landry	,		248 656-6800 at ()	HAS	
	Name of	Person	Area Code Daytir	ECRETARY OF STAT	
Enclosed is a c	heck for th	e following amount:		mi .	
■ \$25.00 Fili	ing 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)	
Regi: Divis	ng Address stration S sion of C Box 632	section orporations	Street Address: Registration So Division of Co The Centre of	rporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Roof Revitalize 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 $\frac{\text{April }30,2024}{\text{Liability}}$ and assigned Florida document number <u>1.24000202717</u> 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AP	Paul Carthew	701 N. Main Street, Rochester, MI 48307	🗆 Add
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			Change
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the If	st be specific and cannot be prior to date lock does not meet the applicable sta	of filing or more than 90 days after atutory filing requirements, thi	r filing.) Pursuant to 605.0207 (3)(b
ne record specifies a delayed effection of is filed.	re date, but not an effective time, at	12:01 a.m. on the earlier of: (b	i) The 90th day after the
Dated August 12	2024		
	Justen Lipch	نلا	
	Signature of a member or authorized re		
	Justin Liponi	Directo C	

Filing Fee: \$25.00