134000 321623

(Requestor's Name)
(Address)
(Acdress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
JUL 17 2024

Office Use Only



400430974804

2824 JT 10 T 0145

RECEIVED

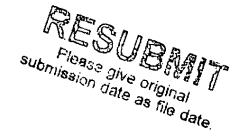


July 11, 2024

CSC-TALLAHASSEE

SUBJECT: WEST ORANGE ROOFING, LLC

Ref. Number: L24000227623



We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Jasmine N Horne Regulatory Specialist II

Letter Number: 124A00014960



CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 07/10/24 Order #: 1551901-1

Re: WEST ORANGE ROOFING, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195

AUTH

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

COVER LETTER

Registration Section

TO:

Division of Car	porations			
	ANGE ROOFING, LLC			
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Catherine Hunter			
	· **	Name of Person		
	Polsinelli, P.C.			
		Firm/Company		
	150 N. RIVERSIDE PLAZA, SUITE 3000			
	Address			
	Chicago, IL 60606			
	<u></u>	City/State and Zip Code		
	chunter@polsinelli.com			
	E-mail address: (to be used for future annual report no	ification)	
For further information of	oncerning this matter, please c	all:		
Catherine Hunter		312 873.2952		
Name o	Name of Person			
Enclosed is a check for t	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, 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

WEST ORANGE ROOFING, LLC

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

	City		Zip Code
	Tallahassee	, Florida _ ³²	2301
	Enter F	lorida street address	
New Registered Office Address:	1201 Hays Street		
Name of New Registered Agent:	Corporation Service Company		
B. If amending the registered agent and/or agent and/or the new registered office addr		records, <u>enter the nan</u>	ne of the new register
Training dairies Mill BETT UST OF THE			
(Mailing address MAY BE A POST OFFICE	F ROX)		
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STRE	ET ADDRESS)	· - · -	
Enter new principal offices address, if appl	icable:		
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the a	bbreviation "L.L.C."
A. If amending name, enter the new name	of the limited liability company	here:	
This amendment is submitted to amend the fo	Howing:		
Florida document number L24000227623	·		
The Articles of Organization for this Limited	Liability Company were filed on		and assigned .
	T 1 1 2	October 17, 2014	

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.

Shauna Godbolt

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	West Orange Roofing Holding	335 North Duncan Drive	□Add
		Tavares, FL 32778	≣Remove
			Change
AMBR	Roofing Services Solutions, LLC	411 Theodore Fremd Avenue Suite 125	🖪 Add
		Rye, New York 10580	□Remove
			□Change
			🗆 Add
			□Removc
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change

		
		
Note: If	ate, if other than the date of filing:	.0207 (:d as t
e record s rd is filed.	cifies 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	9 , 2024	
	/s/ Roy Ritenour	
	Signature of a member or authorized representative of a member	

COVER LETTER

	Registration Se Division of Car				
OVID IE O	WEST OR	ANGE ROOFING, LLC			
SUBJECT:Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Catherine Hunter			
			Name of Person		
	Polsinelii, P.C.				
		-	Firm/Company	·	
	150 N. RIVERSIDE PLAZA, SUITE 3000				
			Address		
		Chicago, IL 60606			
			City/State and Zip Code		
		chunter@polsinelli.com		**************************************	
T 6 1			to be used for future annual report notif	neation)	
For furthe	er information co	oncerning this matter, please c	all:		
Catherine	Hunter		312 873.2952 at ()		
	Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed	is a check for th	e following amount:			
□ \$ 25.0	O Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed) 	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee