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COVER LETTER

TO: Registration So Division of Cor			•
	ROOFING SOLUTIONS LLC	:	•
SUBJECT:	Name of Lim	ited 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:	
	JOHN P MORGAN		
		Name of Person	
		Firm/Company	
	3515 SILVER BLUFF BL	VD	
		Address	
	ORANGE PARK, FL 3200	55	
	JPMORGAN70@GMAIL.G	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information of	concerning this matter, please of	all:	
JOHN P MORGAN		904 343-4045 at ()	
Name o	of Person		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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 631	27	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) imited Liability Company)	
npany were filed on $\frac{06/27/2024}{}$	and assigned
d liability company here:	
d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
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office address on our records, <u>enter the</u>	name of the new regist
	·-···
Enter Florida street address	
Enter r tortaa street aaaress	
, Florid	la Ziv Code
1	d liability company here: d Liability Company," the designation "LLC" or SS) 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 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
MGR	JOHN P MORGAN	3515 Silver Bluff Blvd. Orange Park, FL 32065	
			□Remove
			□Change
		 	🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	🗀 Add
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		 	□Change
			□ Add
			□Remove
			□Change
			
			□Remove
			Change

N/A	mation, enter change(s) here: (Attach additional sheets, if necessary.)
	
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	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (s block does not meet the applicable statutory filing requirements, this date will not be listed as t
he record specifies a delayed effec ord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2024
	Signature of a member or authorized representative of a member
JEANIE M MORGA	

Typed or printed name of signee