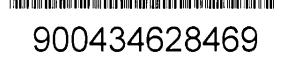
L24000314293

Office Use Only



08/15/24--01014--001 **25.00



COVER LETTER

. . .

Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor			
SUBJECT: HEARTLA	AND ROOFING, LLC		
	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:	
	JEFFREY SAXTON		
		Name of Person	
	HEARTLAND ROOFING		
		Firm/Company	
	225 COMMERCIAL CT	_	
		Address	
	SEBRING, FL 33876		
		City/State and Zip Code	
	JSAXTON@HEARTLANI	D-INSULATION.COM to be used for future annual report notif	thanian
For further information c	oncerning this matter, please ea		incanita)
JEFF SAXTON		at (863) 210-1309	
Name o	d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ction
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEARTLAND ROOFING, 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		2024	and assigned
Florida document number <u>L24000314293</u>	·		
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the I	imited liability company here:		
The new name must be distinguishable and contain the words	Limited Liability Company," the desig	nation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registe	red office address on our reco	rds, enter the nan	.7 ne of the new registers
agent and/or the new registered office address her		rus, <u>enter int nur</u>	1.444
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
<u> </u>		, Florida	Zip Code
	,		Zip Code
New Registered Agent's Signature, if changing Regist			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my Lagent as provided for in Cha ered office address, I hereby c	dutics, and Lam pter 605, F.S. Or,	familiar with and if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	BRUCE WORRILOW	2914 BANYAN BLVD CIR NW, BOCA RATON,	FL. ■Add
			□Remove
			□Change
MGR	VIRGINIA PROHASKA	401F PINECREST CIRCLE, JUPITER, FL 33458	= Add
	·		□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Channe

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ote:	date, if other than the date of filing:	605.0207 (listed as)
record l is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ated <u>J</u>	LY 31 . 2024 .	
	1/11	-
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00