L2400363127

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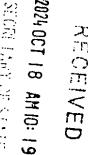
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COVER LETTER

TO: Registration S Division of Co			
	OR ROOFING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KRISTIN MATTHEWS		
		Name of Person	
		Firm/Company	
	1309 THOMASVILLE RI		
		Address	
	TALLAHASSEE FL. 323		
	KRISTIN@TBG-LLC.CO	City/State and Zip Code M	
	E-mail address: (to be used for future annual report notifica	ition)
For further information	concerning this matter, please c	all:	
KRISTIN MATTHEW	S	850 597-3900 at ()	
Name	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certificate Control (additional copyris diclosed)
Mailing Addre Registration Division of 6 P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations TH 6 lahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENDEAVOR ROUPING LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records (Liability Company)	.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>1.24000.363127</u> .	y were filed on AUGUST 19, 202	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	oility Company." the designation "LLC"	or the abbreviation "L.L.C."
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 agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new register
New Registered Office Address:	Enter Florida street address	
	Flo	
New Registered Agent's Signature, if changing Registered Agen	<u>ı:</u>	2024 SEC
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605. F	l I am familiar with and the S. Or. ibitis document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SPENCER BRASS	1309 THOMASVILLE RD. STE 206	= Add
		TALLAHASSEE, FL32303	□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
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			SECTION OCT
			BCK PAP. SSEE. T
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Cffration date if whom them the d			(ti	
Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Department.	k does not meet the applic	able statutory filing requ	uirements, this date	will not be listed a
e record specifies a delayed effective d d is filed.	late, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) Ti	ne 90m da Piter the
OCTOBER 17 Dated	. 2024	<u> </u>		T 18
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SANAM	27			SEPT =
Spran	gnature of a member or author	orized representative of a r	nember	18 AM IO: 29