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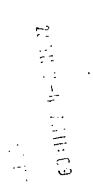
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COVER LETTER

Division of Cor	rporations	•	e ^c
Esquire Ro	pofing 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:	
	Anthony Barbuto		
		Name of Person	<u>, , , , , , , , , , , , , , , , , , , </u>
	Barbuto Law Firm, P.A.		
		Firm/Company	
	12773 W. Forest Hill Blv	d. 101	
		Address	
	Wellington, FL 33414		
		City/State and Zip Code	, -
	abarbuto@barbutolaw.co	m to be used for future annual repe	ort notification)
For further information of	concerning this matter, please c		
Anthony Barbuto		561 531-8: at ()	221
Name o	of Person	Area Code I	Daytime 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 enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Addr Registratio	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Esquire Rooting LLC	¢o.
(<u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears on our records.) -4 fail: 09
The Articles of Organization for this Limited Liability Co Florida document number L24000437588	ompany were filed on 10/14/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
Barbuto Roofing LLC	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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 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
MGR	Rovena Barbuto	12773 W. Forest Hill Blvd., 101, Wellington, FL 3	334
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			□Change
			□Add
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	ifies a delayed e	ffective date, b	out not an e	ffective time	at 12:01 a.n	n. on the earli	er of: (b) T	he 90th day afte	er th
s filed.							1		
ed	10/29			2024			<u> </u>		
		Signatur	re of a mem	per or adiborize	ed representati	xo of a membe			

Filing Fee: \$25.00