Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TOP PRO ACCOUNTING INC

Account Number : I20230000127 Phone : (786)280-4893 Fax Number : (786)304-2527

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: sales@toproaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TROPICAL ROOF SOLUTIONS LLC

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Dec 17, 2024 14:27 (UTC-05)

10: (850) 617-6383

Page: 2/4

From Top Pro Accounting, Inc.

To: +18506176383 Fax: (786) 304-2527

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TROPICAL ROOF SOLUTIONS LLC		
(Name of the Limited Li) (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number 1.24000480955	ty Company were filed on 11/13/2024	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
TROPICAL CONSTRUCTION SOLUTIONS LLC		
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
(Principal office address MUST BE A STREET AL Enter new mailing address, if applicable:	DDRESS)	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	1	
<u> </u>		<u> </u>
B. If amending the registered agent and/or registon agent and/or the new registered office address here.		name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	(N 4)	
-	, Florida	Ziv 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.

(3)

To. (850) 517-5383

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From, Top Pro Accounting, Inc.

To: +18506.176383 Fax. (786) 304-2527

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Add
			□Change
			□Remove
			□ Change
			□Add
			⊡Remove
			□ Change
			□Add
			Remove
			□Change

To, (850) 617 6383

Page, 4/4

From: Top Pro Accounting, Inc.

To: +18506176383 Fax: (786) 304-2527

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Note: 11	re date, if other the ctive date is listed, the f the date inserted in nt's effective date o	n this block does n	ot meet the applic	able statutory filir	(option of days after the four than 90 days after the four the four than 90 days after the 90 days aft	onal) filing.) Pursuant to 605.020 date will not be listed as
e record rd is filed		effective date, but	not an effective t	me, at 12:01 a.m.	on the earlier of: (b	The 90th day after the
	December 17		2024	<u> </u>		
Dated _						
Dated _			OSMERY GUTTER			