L25000312323

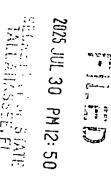
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COVER LETTER

TO:

Registration Section Division of Corporations

	Roofing, LLC		
SUBJECT:	Name of Litt	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ryan Cabrera		
		Name of Person	
	Ranked-1 Roofing, LLC		
		Firm/Company	
	20772 SW 128 AVE		
		Address	
	MIAMI, FL 33177		
		City/State and Zip Code	
	ranked1eabrera@gmail.com		
	E-mail address: (to be used for future annual report notification)	
For further information e	oncerning this matter, please o	all:	
Ryan Cabrera		305 608-4294	
Name o	f Person	at () Area Code Daytime Telephone Number	_
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed)	Status &
Mailing Addres Registration 9	Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, 1		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Ranked-1 Rooting, LLC (Name of the Limited Liability Company as it now appears on our records.) 2025 JUL 30 PM 12: 50 SECRETALL STATE
TALL And assigned The Articles of Organization for this Limited Liability Company were filed on $\frac{07/07/2025}{1}$ Florida document number L25000312323 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, Florida ___ Cinv

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

Title ·	<u>Name</u>	Address	Type of Action
AMBR	Adrian Feria	12861 SW 207TH TER MIAMI, FL 33177	= Add
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			□Change
			⊟Remove
			□Change
			
			□Remove
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			□Remove
			□Change

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	date, if other than the	date of filing:		(optional)	
Effective	e date is listed, the date must	t be specific and cannot be pr		than 90 days after filing.) Pursuar	
If an effectiv		ock does not meet the app epartment of State's recor		equirements, this date will not	ne listed as
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Filing Fee: \$25.00