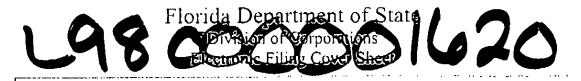
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To:			496	2342.00
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	Fax Number : (850)617-6383			
From:	CBV			
	Account Name : TRIPP SCOTT, F	Ρ.Α.		
	Account Number : 075350000065 Phone : (954)525-7500			
	Fax Number : (954)761-8475			
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Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROPICAL ROOFING PRODUC					
(Name of the Lim	ted Llability Comp (A Florida Limited	iny as it now appe Liability Company	urs on our records.)		<del></del>
The Articles of Organization for this Limited L	iability Company	were filed on /	\UGUST 27, 1998	aı	nd assigned
Florida document number L98000001620	<del></del> '				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name c	of the Umited linb	ility company l	<u>here</u> :		
RZ TRPC, LLC					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or	r the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		818 SPINNAF	CER DR EAST		
Principal office address MUST BE A STREE	HOLLYWOO	D, FL 33019		20	
		_		<del></del> ;	72 R
Enter new mailing address, if applicable:		818 SPINNAF	CER DR EAST		AY -3
Mailing address MAY BE A POST OFFICE	HOV)	HOLLYWOO	D, FL 33019		<del>~ 50</del> €
Mading quaress WATT HE A FOST OFFICE	<u>DUA)</u>				<del></del>
		<del></del>			<del>-</del> ω
B. If amending the registered agent and/or a agent and/or the new registered office addre	_	iddress on our	records, <u>enter the</u>	name of th	e new registered
Name of New Registered Agent:	TRIPP SCOTT	, PA <b>Am</b>	4: Maria	nna k	2. Seilar
rading to 1 dew Accustered Agent.	LIA CE ATU C			<u> </u>	T LANGUAGE
New Registered Office Address:	110 25 014 2	FREET, 15TH FL	orida street address		
	FORT LAUD!			111/11	
	PORTATOR	Chy	, Floric		Conte

## 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

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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>	Nume	<u>Address</u>	Type of Action
MOR	RICHARD ZEGELBONE	818 SPINNAKER DR EAST	■Add
		HOLLYWOOD, FL 33019	
			Change
CEO	RICHARD ZEGELBONE		(1) Add
			Remove
			Change
<u>COO</u>	RICHARD OLIVA		□∧dd
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Note: If the date inserted in this bi	date of filing:  st be specific and cannot be prior to date ock does not meet the applicable strepartment of State's records.	atutory filing requirements.	, this date will not be listed as
	re date, but not an effective time, at	12:01 a.m. on the earlier of	f (b) The 90th day after the
d is filed.			
	2022		
Dated MAY 2	Signature of a member of authorized in	ile	

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