

M12000003351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entry Name)

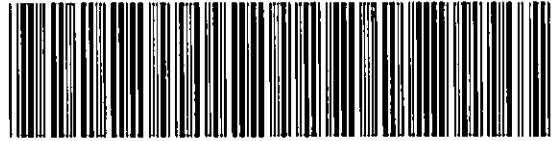
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FEB 24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 513098 7275591

AUTHORIZATION :

COST LIMIT : \$ 50.00



ORDER DATE : February 24, 2022

ORDER TIME : 11:32 AM

ORDER NO. : 513098-005

CUSTOMER NO: 7275591

FOREIGN FILINGS

NAME: ROSS-DEPASS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSS-DePASS LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

W. Keith DePass, IV
Name of Person

ROSS-DEPASS LLC
Firm/Company

6560 WEST ROGERS CIRCLE, SUITE 16
Address

BOCA RATON, FLORIDA 33487
City/State and Zip Code

WKDEPASS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. Keith DePass, IV at (504) 494-9250
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ROSS-DEPASS, LLC

Enter new principal office address, if applicable: _____

NOT APPLICABLE

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

NOT APPLICABLE

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M/2000003351

3. Jurisdiction of its organization: STATE OF DELAWARE

4. Date authorized to do business in Florida: 06/13/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: SPIRE BUILDING SOLUTIONS LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

NOT APPLICABLE

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: NOT APPLICABLE

New Registered Office Address: NOT APPLICABLE

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Not Applicable

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

NOT APPLICABLE

Title/ Capacity

Name

AddressType of Action☐ Add☐ Remove☐ Add☐ Remove

Add

☐ Remove☐ Add☐ Remove☐ Add☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

W Keith DePue, Jr.

Signature of the authorized representative

W. Keith DePass, Jr.

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ROSS-DEPASS, LLC", CHANGING ITS NAME FROM "ROSS-DEPASS, LLC" TO "SPIRE BUILDING SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2022, AT 8:46 O'CLOCK A.M.



5146229 8100
SR# 20220629019

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202736891
Date: 02-22-22

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Ross-Depass, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name is hereby changed to Spire Building Solutions, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 18th day of February, A.D. 2022.

By: Keith Depass
Authorized Person(s)

Name: Keith Depass
Print or Type