10/12/23, 3.26 PM

To:

Division of Corporations

Florida Department of Store

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003584713)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

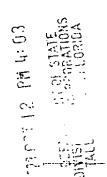
Phone : (954)208-0845

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

| Email | Address: | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUETEAM ROOFING LLC



| Certificate of Status | 0 |
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K. SALY

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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) s on the records of the Florida Department of |
|---|--|
| Name of limited liability Company as it appears | s on the records of the Florida Department of |
| State: BLUETEAM ROOFING LLC | |
| Enter new principal office address, if applicable: | ···· |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| 2. The Florida document number of this limited lial | bility company is: M21000017495 |
| 3. Jurisdiction of its organization: Delaware | |
| Date authorized to do business in Florida: 12/22 | 2/2021 |
| SECTION II (5-9 complete only the applicable o | |
| New name of the limited liability company: | contain "Limited Liability Company, " "L.L.C.," or "LLC.") |
| | for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name [27] or "LLC.") |
| 6. If amending the registered agent and/or registere registered agent and/or the new registered office ad | ed officer address on our records, enter the name of the new Idress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida Street Address |
| | . Florida City Zip Code |
| the provisions of all statutes relative to the proper t and accept the obligations of my position as registe | it and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited |
| —————————————————————————————————————— | hanging Registered Agent, Signature of New Registered Agent |

To

| . If the amend | lment changes person, title or capa | acity in accordance with 605.0902 (1)(e), indicate that cha | nge: |
|----------------|---|---|-------------|
| itle/ Capacity | Name | Address Typ | e of Action |
| Manager | David Mayer | 6800 Broken Sound Parkway NW, Suite 300 | ⊠Add |
| | | Boca Raton, FL 33487 | []Remove |
| | | | ∏Add |
| | | | □Remove |
| | | | □ Add |
| | | | DRemove |
| | | | ⊡Add |
| | | | □Remove |
| | | | DAdd |
| aforementio | a certificate, if required: no more ned amendment(s), duly authentic under the law of which this entity | cated by the official having custody of records in the | □Remove |
| | | u Ball | |
| | | ature of the authorized representative | |

Filing Fee: \$25.00