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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H23000390767

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.

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : API PROCESSING
 Account Number : I20110000069
 Phone : (954)567-0013
 Fax Number : (954)567-3401

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

Email Address: Annette@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
METHOD ROOFING & SOLAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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NOV 14 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METHOD ROOFING & SOLAR, 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:

Annette Mota

Name of Person

API Processing - Licensing Inc

Firm/Company

3419 Galt Ocean Drive Suite A

Address

Fort Lauderdale FL 33308

City/State and Zip Code

annette@apiprocessing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Mota

at (954) 567-0013

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

CR2E055 (9/15)

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

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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: Method Roofing & Solar, LLC

Enter new principal office address, if applicable:

(Principal office addressMUST BE A STREET ADDRESS)153 Cedar Springs CircleDebarry FL 32713

Enter new mailing address, if applicable:

(Mailing addressMAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is:
- M23000011635

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida:
- 09/12/2023

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

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "LLC," or "LLC.")

(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," "LLC," 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: _____New Registered Office Address: _____Enter Florida Street AddressCity, FloridaZip CodeNew 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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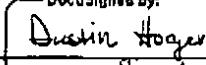
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Adding an Owner - two partners - Dustin G. Hoyer & Jermain Thompson

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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.

DocuSigned by:

 76D2CA278 Signature of the authorized representative

Dustin G. Hoyer

Typed or printed name of signer

Filing Fee: \$25.00