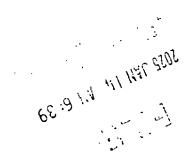
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: Please fush to Sunbiz Going to Bank |
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COVER LETTER

| TO: Registration S Division of Co | | | i |
|--------------------------------------|--|--|--|
| SUBJECT: | Roof Edge Name of Line | LLC ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Tyson P | Name of Person | |
| | | Firm/Company | |
| | 14824 8 | Address Address | |
| | | FL 33470 City/State and Zip Code y Contracting Solu to be used for future annual report note | tions. com |
| | E-mail address: (| to be used for future annual report not | fication) |
| For further information | concerning this matter, please co | | |
| Ty Son Pro | of Person | at (<u>561</u>) 25. Area Code Daytim | 2 — 4938 e Telephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Roof Edge L | | |
|---|---|------------------------------------|
| (Name of the Limited Hability Compa (A Florida Limited L | ny as it now appears on our rec liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L2500004250</u> . | were filed on <u>01 -02</u> | 2-2025 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "I | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | A |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 6: 39 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>en</u> | ter the name of the new registered |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | Enter Florida street add | dress |
| · · · · · · · · · · · · · · · · · · · | | FloridaZip Code |
| | 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 Chapking 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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|--|----------------|
| MGR | Tyson Provoost | 14824 81th Rd N | dd |
| | | 14824 86th Rd N Loxahatchec, FL 33470 |) Remove |
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|). If amend | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: If t | date, if other than the date of filing: |
| ecord is filed. | |
| Dated | 01 - 14 - 2025. Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |

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Filing Fee: \$25.00