



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/07/2019	201906301498	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

TAX MATTERS INC
PO BOX 435
SUGARCREEK, OH 44681

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
3896661

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

AMROOFING SYSTEMS LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 03/04/2019

Document No(s):

201906301498



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
7th day of March, A.D. 2019.

Ohio Secretary of State

Form 543A Prescribed by:

OFFICE OF THE
Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov | Busserv@OhioSecretaryofState.govFile online or for more information: www.OHBusinessCentral.com**Domestic Limited Liability Company Certificate of
Amendment or Restatement****Filing Fee: \$50****Form Must Be Typed****(CHECK ONLY ONE (1) BOX)**

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

01/01/2019

Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MM/DD/YYYY

Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

AM ROOF RESTORATION LLC

Name of Limited Liability Company

3896661

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

AM ROOFING SYSTEMS LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd"

This limited liability company shall exist for a period of:

PERPETUAL

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name