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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Cor	rporations		
SUBJECT: Gene	los Roofing Service. Name of Lim	s rre	
·	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elyveli	SSC COSTYO Name of Person	
	<u> </u>	ofing Services L Firm/Company	LC
	16350 Amberly	er unit 114 Address	
	rampa	City/State and Zip Code	
	E-mail address: (I	nge1613@gmail.c	ort notification)
For further information of	concerning this matter, please ca	all:	
ENVENISC Name o	Cas Mo f Person		426 - 428 7 Daytime Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed onand assigned
Florida document number <u>119000043496</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	15350 Ambrily or unit 114
(Principal office address MUST BE A STREET ADDRESS)	13750 BILLETY DI ONT 111
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16350 Ambryly Or Unit 114 Tampa FL 33647
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	•
New Registered Office Address: 15350 A	Enter Florida street address
Tam	City Florida 33647

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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Filing Fee: \$25.00