

L230000407056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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1/26/24*

2024 JAN -8 AM 10:02
OFFICE OF THE STATE
TREASURER, FL

PAID

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VORTEX ROOFING SOLUTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE PEREZ

Name of Person

VORTEX ROOFING SOLUTIONS LLC

Firm/Company

216 S Holly Ave

Address

SANFORD, FLORIDA 32771

City/State and Zip Code

jpmassx6@gmail.com

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

For further information concerning this matter, please call:

JORGE PEREZ

Name of Person

at (407) 717-3104

Area Code

Daytime Telephone Number

STATE
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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)

\$60.00 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**

VORTEX ROOFING SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/30/2023 and assigned Florida document number L23000407056.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

216 S Holly Ave

(Principal office address MUST BE A STREET ADDRESS)

Sanford FL 32771

Enter new mailing address, if applicable:

216 S Holly Ave

(Mailing address MAY BE A POST OFFICE BOX)

Sanford FL 32771

B. If amending the registered agent and/or registered office 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 address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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STATE
SANFORD FL

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JORGE PEREZ	216 S Holly Ave	<input checked="" type="checkbox"/> Add
		Sanford FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATHEW D PEREZ	7501 NW FARNSWORTH CIR	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2014 JAN 8 AM 10:02
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

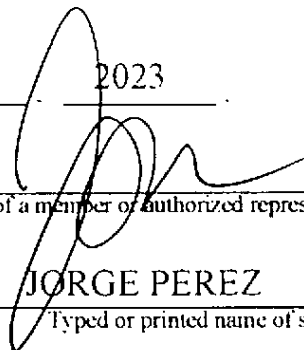
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2024 JAN -8 AM 10:03
 STATE DEPARTMENT OF REVENUE
 FILING

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 20 2023



 Signature of a member or authorized representative of a member

JORGE PEREZ

 Typed or printed name of signee