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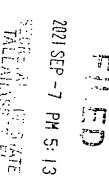
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COVER LETTER

	Registration Sc Division of Cor		
SHD IEC		struction Services, LLC	
SUBJEC	1:	Name of Lim	nited Liability Company
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please ret	urn all correspo	ondence concerning this matter	to the following:
		Chad Romney	
			Name of Person
		Maco Construction Service	es, LLC
			Firm/Company
		5245 Center St	
		-	Address
		Jupiter, FL 33458	
			City/State and Zip Code
		info@macoroofing.com	
		E-mail address: (to be used for future annual report notification)
For furth	er information c	oncerning this matter, please c	all: 2021 SEP T
Sean Har	ies		801 232-6105
	Name o	f Person	at () Area Code Daytime Telephone Number
Enclosed	is a check for the	he following amount:	
≡ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:
Registration Section Division of Corporations			Registration Section Division of Corporations
	P.O. Box 632	•	The Centre of Tallahassee
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maco Construction Services, 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 $\frac{06/30/2003}{}$ and assigned Florida document number L03000023836 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 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>	Address	Type of Action
MGR	Chad Romney	5245 Center St	
		Jupiter, FL 33458	□ Remove
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nument's effective date on the Department						
cord specifies a delayed effective date, bu s filed.	i not an effective t	ime, at 12:01 a.m	, on the earlier of:	(b) The 9	0th day af	ìer the
September 3rd	2021	,				
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	af a wanhar ar auth	arized representation	e of a member			