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T. MATTHEWS

JUL - 6 2022

COVER LETTER

TO:

Registration Section

Division of Corporations MACO CONSTRUCTION SERVICES, LLC SUBJECT: 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: CHAD ROMNEY Name of Person MACO CONSTRUCTION SERVICES, LLC Firm/Company 3520 CONSUMER ST. UNIT 2 Address WEST PALM BEACH, FL 33404 City/State and Zip Code INFO@MACOROOFING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 232-6105 SEAN HANES Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section **Registration Section Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RTICLES OF ORGANIZATION FILES OF STATE OF STATE DIVISION OF CORPORATIONS

22-MAY -9 AM 11: 07

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 v	were filed on 7/8/2021	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 liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	LLC" or the abbreviation "L.L.C."
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 a	ddress on our records, <u>e</u> i	nter the name of the new registere
agent and/or the new registered office address here:		
None of New Project and Amount		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ldress
		. Florida
 	City	. Florida
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>	<u>Address</u>	Type of Action
MGR	SEAN HANES	3520 CONSUMER ST. UNIT 2	= Add
		WEST PALM BEACH, FL 33404	□Remove
			□Change
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			□Remove
		<u> </u>	Change
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