## L06 0000 879 61

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## COVER LETTER

	Registration Se Division of Cor					
eren over	Jax Roofing	2 I. I.B.		₹		
SE BUEC	T:	· <del></del> -				
The enclo	sed Articles of	Amendment and feets) are sub	mitted for filing.			
Picase ret	turn all correspo	ndence concerning this matter	to the following:			
		Jaime Tuho Cardona				
	Name of Person					
		Jax Roofing, LLC.				
Jax Rooting, LLC, Firm Company				<del></del>		
6226 Wesconnett Blvd.						
Address				1		
		Jacksonville, FL 32244				
		City/State and Zip ( one				
		jame:g/jaxrooling.net				
		E-mail address: (	to be used for future annual report notif	icationi		
For furthe	er information co	oncerning this matter, please c	ali:			
Jaime Tu	dio Cardona		904 434-7346			
Name of Persor			Area Code Daytime	2 Felephone Number		
Enclosed	is a check fix th	ne following amount:				
		·	W7			
T) \$25.0	10 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee &. Certified Copy (adamona, copy is orclosec)	■ \$60,00 Filing Pec.  Certificate of Status & Certified Copy gadditional copy is enclosed:		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, 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

Jax Roofing LLC,		
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our re la Limited Fiability Company)	cords.)
The Articles of Organization for this Limited Liability (Florida document number L06000087961		2006 and assigned
	··	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here;	
Jax Rooting, LLC.		
The new name must be distinguishable and contain the words "Lit	mited Erability Company." the designation "	LLC" or the abbreviation "LLLC."
Enter new principal offices address, if applicable:	A	
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	rd office address on our records, <u>er</u>	iter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street av	laress
·		, Florida Zap Cosla
	C iţy	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agem 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
**************************************			ETAdd
			(I)Remove
			EChange
		* · · · · · · · · · · · · · · · · · · ·	[IIAdd
			[]]Remove
			[].Change
***************************************			Eladd
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			£** 674

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It an e! <u>Note:</u>	tive date, if other than the date of filing:
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Datec	Jein P. Chindre AMBL  Signature of a member or authorized representative of a member
	Deine P. Churchen AMBR
	Signature of a member or authorized representative of a member
	Jame Tulio Cardona
	Typed or printed name of signee

Filing Fee: \$25.00