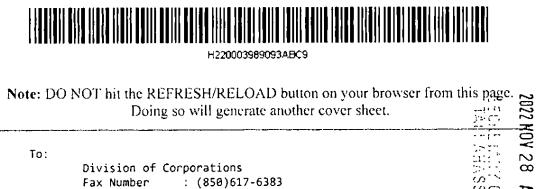
11/28/22, 10:04 AM

Division of Corporations

(((H22000398909 3)))



Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244

Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@activatemylicense.com

3. . . .

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **VEGA'S ROOFING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
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Corporate Filing Menu

Help

Fram: Kim Ritter

Fax: 18139325244

To:

Fax: (850) 617-6383

Page: 3 of 6

11/28/2022 10:09 AM

COVER LETTER

H22000398909 3

TO:

Registration Section Division of Corporations

SUBJECT: VEGA'S ROOFING 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:

ROMAN ALBANO

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

23110 SR 54 PMB 336

Address

LUTZ, FL

City/State and Zip Code

info@activatemylicense.com

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

For further information concerning this matter, please call:

ROMAN ALBANO

813

932-5244

Name of Person

Area Code

Daytime Telephone Number

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

To:

Fax: (850) 617-6383

Page: 4 of 6

11/28/2022 10:09 AM

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H22000398909 3

6.0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VEGA'S ROOFING LLC		s on our records.)
(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	金融 🗸 💳
The Articles of Organization for this Limited L Florida document number L14000134494	iability Company were filed on 8/2	17/2014 Sand assigned Sand assigned Sand assigned Sand assigned Sand Sand Sand Sand Sand Sand Sand San
This amendment is submitted to amend the following	owing:	3 4 ਹੈਵਿ
A. If amending name, enter the new name o	f the limited liability company he	<u>•re</u> :
The new name must be distinguishable and contain the vertical new principal offices address, if application of the principal office address MUST BE A STREE	able:	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or ragent and/or the new registered office addre		ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	JAIME BRITO	
New Registered Office Address:	10138 SHOOTING STAR CT	
	Enter Flor	ida street address
	NEW PORT RICHEY	, Florida 34655
	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

rom: Kim Ritter	Fax: 18139325244	To:	Fax: (850) 617-6383	Page: 5 of 6	11/28/2022 10:09 AM

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
			DAdd
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Change
		 	□Add
			□Remove
			Change

: Kim Ritter	Fax: 18139325244	To:	Fax: (850) 617-6383	Page: 6 of 6 H2200	11/28/2022 10:09 AM 0398909 3
). If amendir	ig any other informa	tion, enter chan	ge(s) here: (Attach additional sh	neets, if necessary.)	
					
			•		
					<u>-</u>
				-	
Note: If th	late, if other than the e date is listed, the date mus e date inserted in this bl effective date on the D	ock does not meet	not be prior to date of filing or more than the applicable statutory filing requires 's records.	(optional) n 90 days after filing.) Pu irements, this date wil	rsuant to 605.0207 (I not be listed as t
f the record spo ecord is filed.	cifies a delayed effectiv	e date, but not an e	effective time, at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
NO	VEMBER 22	2	022		

Signature of a member or authorized representative of a member

Typed or printed name of signee

MANUEL VEGA