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(Re	questor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration So Division of Con	ection rporations	,	
EASY RO	OF LLC		
SUBJEÇT:	Name of Lim	ited Liability Company	The state of the s
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JESUS CUE		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	WORLDWIDE BUSINES	S SOLUTION CORP	
		Firm/Company	···
	6915 RED ROAD SUITE	222	
	-	Address	
	CORAL GABLES, FLOR	IDA 33143	
		City/State and Zip Code	
	jcue@w-bsc.com	· · · · · · · · · · · · · · · · · · ·	
	E-mail address (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
JESUS CUE		305 803-7777 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee; FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EASY ROOF LLC					
(Name of the Lim	(A Florida Limited	any as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on 07/08/2	015	and assigned	
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
<i>y</i> , <u> </u>					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		6915 RED ROAD			
Principal office address MUST BE A STRE	ET ADDRESS)	SUITE 222			
		CORAL GABLES, F	LORIDA 33143		
Enter new mailing address, if applicable:		6915 RED ROAD			
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 222			
		CORAL GALES, FL	ORIDA 33143		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	office address her . WORLDWIDE		,	er the name of the	
New Registered Office Address.		Enter Florida st	reet address	C 9 m	
	CORAL GABI		, Florida 🗓	Bià3 🔘 🕆	
		City	3	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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

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
MGRM	PC RAM CORPORACION CA	AVE PRIN LA URBINA	Add
		TORRE OLYMPIA #6 #6B	Remove
		CARACAS,VZ 00000VZ	Change
			□ Remove
			Change
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	3*		
ctive date, if other than the date of filing:	(optional)		
effective date is listed, the date must be specific and cannot be prior to date of filing or median. If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) F	ursuant	to 605.0
iment's effective date on the Department of State's records.	g requirements, this dute w	III HOL (oc risted
ecord specifies a delayed effective date, but not an effective t ie 90th day after the record is filed.	ime, at 12:01 a.m. or	n the (earlier
AUGUST 25,			
d AUGUST 25,			
<i>\\\'\\\</i>			
(We sale : / /	of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00