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SECRETARY OF STATE DIVISION OF CORPORATIONS

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T. MATTHEWS APR 12 2022

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	ROOFING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OLGA RAMOS		
		Name of Person	
	FREEDOM TAX SERVIC	CES	
		Firm-Company	
	12355 COLLIER BLVD S	TEH	
		Address	
	NAPLES FLORIDA 3411	6	
		City/State and Zip Code	
	OLGARAMOS0524@GM/		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all;	
OLGA RAMOS		239 455-6011 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	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 9 Division of C P.O. Box 632	Section Corporations	<u>Street Address:</u> Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLURE TARY OF STAFE
OFFISION OF CORPORATION

MEDINA ROOFING LLC

22 MAR 30 AM 11: 48

(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	y were filed on	2021	and assigned
Florida document number L15000164543			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the design	nation "LLC" or the abbrevi	iation "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 agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
The Michigan Confed Military Confedences.	Enter Fiorida s	street address	
		, Florida	
	Cuy	Z	lip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and ag	ree to act in this cap	acity. I further agree t	o comply with the

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

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
AMBR	FRANCISCO MEDINA RAMIRE:	544 99 TH AVE N	■Add
		NAPLES : FLORIDA 34108	□Remove
			□Add
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	03/25/2022		(optional)	
estive date if other than the d	e specific and cannot be prior	to date of filing or more than	00 days after filing.) Pursuant to 60	5.0207
reffective date is listed, the date must b	•			
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