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(Requestor's Name	)
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

CLIB LEZTE.		ROOFING LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	f Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JEANTINOR WISLY		
			Name of Person	
		SFR TECH ROOFING LL		
			Firm Company	
		4493 N UNIVERSITY DR		
			Address	
		LAUDERHILL, FL 33351		
			City/State and Zip Code	
		SFRTECHROOFING@GM E-mail address: (	IAIL.COM to be used for future annual report notif	fication)
For further in	nformation co	oncerning this matter, please c	ıll:	
JEANTINO.	R WISLY		754 234-0824 at ()	
Name of Person			Area Code Daytime	c Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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)
	Registr	ING ADDRESS: ation Section π of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle

Tallabassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alama of the Limited Link Handley Common	and an it many an one constraints )
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{10/05/2015}{}$ and assigned
lorida document number L1500169251	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
	The Community of the Asia and t
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	4493 N UNIVERSITY DR
Principal office address MUST BE A STREET ADDRESS <sub>)</sub>	LAUDERHILL, FL 33351
	-
Enter new mailing address, if applicable:	4493 N UNIVERSITY DR
Mailing address MAY BE A POST OFFICE BOX)	LAUDERHILL, FL 33351
planing dadress brat bl. A POST OFFICE BOOK	
3. If amending the registered agent and/or registered o	· · · · · · · · · · · · · · · · · · ·
registered agent and/or the new registered office address her	e: SEP
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	JEAN GUIRAND	4493 N UNIVERSITY DR LAUDER 441, FL3	335" / 
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effective date is listed,	the date must be spe	citic and cam	not be prior to	date of filing o	r more than 90	days after filing.) I	oursuant	to 605.0
If the date inserte iment's effective da				le statutory 1	iling requirem	ents, this date w	ill not b	e listed
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ne 90th day afte	r the record is	filed.						
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Typed or printed name of signee

Filing Fee: \$25.00