L/6000174542

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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corpor			
SUBJECT: Ferra	ara Consult	antsicc.	
50bJEC1//_	Name of Limited	Liability Company	
The enclosed Articles of Art	nendment and fee(s) are submit	ted for filing.	
Please return all corresponde	ence concerning this matter to t	the following:	
	Inez Huo	Low	
		Name of Person	•
	Inez Huo 6572 Mont	trose Trail	<u> </u>
. •			
		Address	
		E12020Q	
	Tallahass	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	inathadlau	Quahoo com	l
	E-mail address: (to	be used for future annual report notific	ation)
For further information co	ncerning this matter, please cal	N:	
1 11		220 202-0	1468
_/nez.fuc	Person	at (<u>339</u>) <u>203-0</u> Area Code Daytime	Telephone Number
Name of	1 (1301)	•	
Enclosed is a check for th			□ \$60.00 Filing Fee,
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Ferrara Consu

	~ 1.	ببدمام		
The Articles of Organization for this Limited Liability Con	npany were filed on <u>9</u>	18/2016	and assigned	
Florida document number <u>L16000174542</u>		•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited formation of the	nd Space are	Roof Tech	h, LLC.	
Enter new principal offices address, if applicable:	<u></u>			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		<u>- ∃∷ </u>	
	· ·	<u> </u>	JAN 2	
Enter new mailing address, if applicable:			<u></u>	-
(Mailing address MAY BE A POST OFFICE BOX)			2 PR 2 1.7 1.7 2 1.7 1.7	
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on or ess here:	ur records, <u>enter</u>	the name of t	he new
Name of New Registered Agent:	<u>. </u>			
New Registered Office Address:	Enter Florido	a street address		
	City	, Florida	Zip Code	
	,		2.0 20.12	
New Registered Agent's Signature, if changing Registere	d 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

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 Type of Action <u>Address</u> <u>Title</u> Name. □ Add □ Remove _□ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove

☐ Change

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Filing Fee: \$25.00