

Division of Corporations

Page 1 of 4



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000139796 3)))



H170001397963ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954)567-0013
Fax Number : (954)567-3401

FILED
17 MAY 23 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: kathy@apiprocessing.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PERFECT SOLUTION ROOFING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

D. SCOTT

MAY 24-2017

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Perfect Solution Roofing LLC

(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 were filed on May 1, 2017 and assigned Florida document number L17000096357.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City _____, Florida _____ 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

H17000139796 3

Page 3 of 4

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Zenia Valdez	3637 NW 23rd Avenue	☒ Add
		Miami, FL 33142	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
17 MAY 22 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 11:44 AM '17

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specified not more than 90 days after filing.) Paragraph 605.0397, (5)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Executed ✓ May 22, 2017

✓ [Signature]

Signature of a member of authorized representative of a chamber

Noted Date

Typed or printed name of signer

FILED
17 MAY 23 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA