# L1700131393

| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
|   |
|   |
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| RA Sign                                 |

Office Use Only



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2011 JUL -5 PM 1:39

K. SALY JUL 1 1 2017



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2017

HERNAN ANTONIO MELGAR ALVARENGA 4664 GENEVA DR. PENSACOLA, FL 32526

SUBJECT: ALVARENGA ROOFING LLC

Ref. Number: L17000131393



We have received your document for ALVARENGA ROOFING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 417A00012818

# **COVER LETTER**

| Div            | ision of Cor   | porations                                       |   |  |
|----------------|----------------|---|---|--|
| cup icer.      |                | GA ROOFING LLC                                  |   |  |
| SUBJECT:       |                |   | ited Liability Company  |  |
|                |                |   |   |  |
| The enclosed   | l Articles of  | Amendment and fee(s) are sub-                   | mitted for filing.  |  |
| Please return  | all correspo   | ndence concerning this matter                   | to the following:   |  |
|                |                | HERNAN ANTONIO ME                               | LGAR ALVARENGA  |  |
|                |                |   | Name of Person  |  |
|                | •              | AGENT REGISTED                                  |   |  |
|                |                |   | Firm/Company  |  |
|                |                | 4664 GENEVA DRIVE                               |   |  |
|                |                | <del></del>                                     | Address   |  |
|                |                | PENSACOLA FL 32526                              |   |  |
|                |                |   | City/State and Zip Code   | <del></del>  |
|                |                | MARTA19PZ@GMAIL.CO                              |   |  |
|                |                | E-mail address: (4                              | to be used for future annual report notifi                                | vation)  |
| For further in | nformation c   | oncerning this matter, please co                | ult:  |  |
| HERNAN N       | MELGAR         |   | 850 3561031   |  |
|                | Name o         | f Person  | at ()<br>Area Code Daytime  | Telephone Number   |
|                |                |   |   |  |
| Enclosed is    | a check for th | ne following amount:                            |   |  |
| ■ \$25.00 F    | Filing Fee     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |



TO:

Registration Section

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL -5 PH 1:39

TATLAHASSIE, FLORID

ALVARENGA 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 I Florida document number <u>L17000131393</u>                                  |   | were filed on 06/        | 15/2017 and assigned                         |  |
|--|---|--------------------------|--|--|
| This amendment is submitted to amend the fol   | lowing;                                 |                          |  |  |
| A. If amending name, enter the new name of   | of the limited liab                     | il <u>ity company he</u> | <u>re</u> :                                  |  |
| ALVARENGA ROOFING LLC  |   |                          |  |  |
| The new name must be distinguishable and contain the   | words "Limited Liabi                    | lity Company," the de    | signation "LLC" or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if appli  | eable:                                  | 4664 GENEVA DRIVE        |  |  |
| (Principal office address MUST BE A STRE   |   | PENSACOLA F              | 1. 32526                                     |  |
| (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of | l/or registered o<br>ffice address her  | <u>e</u> :               | <del>.</del>                                 |  |
| Name of New Registered Agent:  | Name of New Registered Agent: HERNAN AN |                          | ALVARENGA                                    |  |
| New Registered Office Address:   | 4664 GENEVA                             |                          |  |  |
|  |   | Enter Flori              | da street address                            |  |
|  | PENSACOLA                               |                          | Florida <u>32526</u>                         |  |
|  |   | City                     | 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 Yew/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> | Name                    | Address                      | Type of Action |
|--------------|-------------------------|------------------------------|----------------|
| MGR          | KELSEY DANIELLE RODAS   | 4664 GENEVA DRIVE PENSACC  ■ | <b>■</b> Add   |
|              |                         |                              | Remove         |
|              |                         |                              | ☐ Change       |
| MGR          | HERNAN ANTONIO MELGAR A | 4664 GENEVA DRIVE PENSACC    | □ Add          |
|              |                         |                              | ■ Remove       |
|              |                         | · <del></del>                | ☐ Change       |
|              |                         |                              | Add            |
|              |                         | 1 <del>-1-1-</del>           | Remove         |
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|              |                         |                              | ☐ Remove       |
|              |                         |                              | Change         |

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|  |   |  |                  |                  | F. G. 3                   |
|  |   | <u></u>  | <u> </u>         | <del>_</del>     | 1.35<br>Call 1.35         |
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|  |   | ·····  |                  |                  |                           |
|  |   |  |                  |                  |                           |
| <u> </u>   |   |  |                  | _                | -                         |
|  |   |  | <del></del> -    | <u> </u>         |                           |
| fective date, if other to an effective date is listed, the ote: If the date inserted | date must be specific n this block does n | and cannot be prior to<br>tot meet the applica |                  |                  | ling.) Pursuant to 605.01 |
| ocument's effective date   | on the Department                         | of State's records.                            |                  |                  |                           |
| e record specifies a c<br>The 90th day after   | delayed effectiv<br>the record is file    | ve date, but not<br>ed.                        | an effective tin | ne, at 12:01 a.r | n. on the earlier         |
| JUNE 20  |   | 2017   |                  |                  |                           |
| ···`·· ———————   | <del>,</del>                              | _·   | <b>-</b> ·       |                  |                           |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00