11000198273

(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:

Office Use Only



300304236663

300304236663 19/05/17--01013--017 ++25.90

17 OCT -6 AH II: 07

O SIMMONS OCT 0 9 2017

COVER LETTER

Div	ision of Corp	oorations			
SUBJECT:		O ROOF REPAIR LLC			
SUBJECT		Name of Limi	ted Liability Company		
The enclosed	f Articles of i	Amendment and fee(s) are subt	nitted for filing.		
Please return	all correspor	idence concerning this matter t	to the following:		
		CUPERTINO LOPEZ			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
		CUPERTINO ROOF REPA	AIR LLCC		
Firm/Company					
		402 S D STREET			
			Address		
		LAKE WORTH, FL. 3346	ø		
			City/State and Zip Code		
		SERGED20@HOTMAIL.C			
		E-mail address: (t	to be used for future annual report notifi	cation)	
For further i	nformation co	oncerning this matter, please ca	alt:		
CUPERTIN	O LOPEZ		561 574-3572 at ()		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for th	se following amount:			
\$25.001	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)	

MAILING ADDRESS:

Registration Section

TO:

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

any as it now appears on our records.) Liability Company)	
y were filed on 09/26/2017	and assigned
bility company here:	
oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
	- 4 1 T
	OCT /
office address on our records, ere:	enter the name of the new
	
Enter Florido street address	
Cla	side.
City	Zip Code
	bility company here: bility Company," the designation "LLC" of the designation that the desi

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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change

			□ Remove
			☐ Change
			Add
			☐ Remove
			Change T
			Remove
			Change
			□ Remove
			Change
			Add
		-	□ Remove
			Characa.

_		
_		
-		
_		
		
-		
_		
-		17, 0CT -6
-		OCT -
-		= b
_		W 11: 09
		4
-		
-		
-		
lf an ei <u>Note:</u>	tive date, if other than the date of filing:	nant to 605.0207 (3 not be listed as th
ne re The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the sound of the second is filed.	ne earlier of:
	10/02/2017	
Dated		

Page 3 of 3

Filing Fee: \$25.00