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Office Use Only

7/1/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Thomas Valente		
		Name of Person	
	MTM Building & Roofing	Contractors, LLC	
		Firm/Company	
	1724 Flagler Avenue		
		Address	
	Key West, FL 33040		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	roofassassins.ms@gmail.co		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Thomas Valente		305 842-4446 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTM BUILDING & ROOFING CONTRACTORS, LLC

2023 MAY 12 AM 7: 12

(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	09/27/2017	and assigned
Florida document number L17000200852			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," t	he designation "L	.LC" 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)			
Maning agaress MAT DE ATOST OFFICE BOX			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
	Enter	Florida street add	Iress
	City	··	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		sup Cour
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in the performance provided for t	of my duties, n Chapter 60	and I am familiar with and 15, F.S. Or, if this document is
If Cha	nging Registered	Agent, Signatur	re 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Valente, Thomas M	1724 Flagler Ave.	
		Key West, FL 33040	
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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			□Remove
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ote: If the date in:	ther than the date sted, the date must be s serted in this block of e date on the Depart	loes not meet the a	pplicable statuto	ng or more than 90 ry filing requiren	(optional) days after filing.) Pu tents, this date will	rsuant to 605.0207 not be listed as
ecord specifies a dis filed.	delayed effective dat	e, but not an effect	ive time, at 12:0	l a.m. on the ear	lier of: (b) The 90	oth day after the
ted May 11		2023				
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Al	Sign	ature of a member or	authorized repres	entative of a memb	er	

Filing Fee: \$25.00