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# **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: PH Roofing LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alain Heiznandez
Name of Person
PH Roofing LLC  Firm/Company
Firm/Company
516 aspeni Rd.
/ Address
WPB FL 33409
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alain Heiznandes at (561) 693 7088  Name of Person Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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, F1, 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PH Roofin	g UC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our re Liability Company)	rcords.)
The Articles of Organization for this Limited Liability Compan Florida document number $21700233/9$	y were filed on/// 8	0/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10 N
(Principal office address MUST BE A STREET ADDRESS)		- 15.E.C.
		<b>2</b>
		) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	office address on our rec <u>re</u> :	ords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
-		, Florida
	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 New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	<u> Clain Heerandez</u>	516 Appen Rd. WPBF1334	(19) the Add
			☐ Remove
		<del></del>	Change
MGR	<u>Clemando Podas</u>	200 ambergate LN COT F Lake Worlth FL 33411	<b>D</b> Add 5
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Note:	tive date, if other than the date of filing:	o 605.0 e listeo	0207 (3); f as the
	ecord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the e e 90th day after the record is filed.	arlie	r of:
Dated	June 26th 2018.		
	· Cain	_	
	Signature of a member of authorized representative of a member		
	Alain Hernandes Typed or printed name of signe		

Page 3 of 3

Filing Fee: \$25.00