## L17000241329

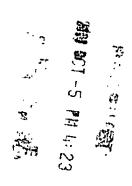
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Cry, Crate C.p., Toric 7.)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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C. GOLDEN 0CT - 6 2020

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Corp	orations		
			LLC	
SUBJECT:		Name of Limit	ed Liability Company	
SUBJECT:    Name of Lamited Liability Company				
Please return	all correspor	ndence concerning this matter t	o the following:	
		ADRIAN MIDDLETON, E	ESQ	
			Name of Person	
		MIDDLETON & MIDDLE		
			Firm/Company	
		1437 MARKET ST	<del>-</del>	<del></del>
		TALLAHASSEE, FL 3231		<u></u>
		allegianceroofsystems@gm	•	
				ification)
For further i	nformation c	oncerning this matter, please co	all:	
ADRIAN N	MIDDLETON	V, ESQ		
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for tl	he following amount:		
<b>■</b> \$25.00	Filing Fee		Certified Copy	Certificate of Status &
				ection
D	ivision of C	Corporations	Division of Co	orporations
	O. Box 631 allahassee			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STORT THE FEL 3: 1:2

VIDAL'S REPAIRS & MAINTENANCE LLC	Company of it now appears on our r	ecords )
(Name of the Limited Liability (A Florida l	Cimited Liability Company)	<u>((()</u>
	ompany were filed on 11/22/2017	and assigned
lorida document number	<u>-</u> ·	
his amendment is submitted to amend the following:		
(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 11/22/2017 and assigned eloride document number 1.17000241329  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 "LLC."  Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Enter new 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		
he new name must be distinguishable and contain the words "Limit	ted 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 ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	<del>- ,</del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, s	enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		. Florida
	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 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>	Address	Type of Action
AR	SANCHEZ, ELANA G	Pobox 3057	□Add
		North FORT MYERS, FL 33918	■ Remove
			□ Change
AR	VIDAL JOSE	Pobox 3057	□ Add
		North FORT MYERS, FL 33918	Remove
			□Change
AR	ROBERTSON, THOMAS JAMES	Pobox 3057	<b>=</b> Add
		North FORT MYERS, FL 33918	□Remove
			□Change
		<del> </del>	□Add
			Remove
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n effec ote: It	tive date, if other than the date of filing:	ant to 605.0207 of be listed as
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d.	day after the
ted _	SEPTEMBER 15TH 2020	
	Signature of a member or authorized representative of a member	
	ADRIAN MIDDLETON, ESQ	