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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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TO: Registration S Division of Co			
Ticos Roo SUBJECT:	fing ,LLC		
SUBJECT:	Name of Lin	nited Liability Company	
•		•	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Angelo E Munoz Varela		
	<u> </u>	Name of Person	• • • • • • • • • • • • • • • • • • • •
	TICOS ROOFING, LLC		
		Firm/Company	
	250 Lorraine ave		
		Address	·
	Venice .FL 34293		
		City/State and Zip Code	
	yugo8109@gmail.com		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	ali.	
Angelo Munoz Varela		941 544 1840 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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 ADDRESS:

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

Ticos Roofing JLLC (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 01-08-2018 and assigned Florida document number L18000005510 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TICOS BUILDING SUPPLIES, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (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 City

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 = Authorized Member

<u>ritie</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			□ Change
			
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	if other than the d			ate of filing or more	than 90 days after	ional) r filing.) Purst	ant to 605.01
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record spe The 90th da	cifies a delayed a ay after the reco	effective date d is filed.	e, but not a	n effective tim	e, at 12:01	a.m. on th	ie earlier

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Typed or printed name of signee

Filing Fee: \$25.00