## L18000042936

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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## **COVER L'ETTER**

TO:	Registration Se Division of Cor			
CUBI		of Repair LLC		
SUBJE	.CI:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ana M Camilo		
			Name of Person	
		owner		
			Firm/Company	
		11183 Galvin Dr		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Orlando FL 32837		
		aztilem3085@gmail.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notification	ation)
For fur	ther information c	oncerning this matter, please ca	all:	
Ana M	l Camilo		321 802-0701 at ()	
	Name o	f Person	Area Code Daytime T	Celephone Number
Enclos	ed is a check for th	ne following amount:		
□ <b>\$</b> 2:	5.00 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:

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

HP&A Roof Repair LLC			_
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
the Articles of Organization for this Limited Labeled Lorida document number L18000042936		n 02/16/2018 and a	assigned
his amendment is submitted to amend the fol			
. If amending name, enter the new name o	of the limited liability compa	ny here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	'the designation "LLC" or the abbreviation	"L.L.C."
nter new principal offices address, if appli	cable:	<del></del>	
Principal office address MUST BE A STRE	ET ADDRESS)		<u></u>
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nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	(BOX)		··
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B. If amending the registered agent and egistered agent and/or the new registered of the new registered agent and the new registered of the		is on our records, <u>enter the nam</u>	<u>ie of the</u>
Name of New Registered Agent:	Ana M Camilo		
New Registered Office Address:	11183 Galvin dr		
	Ente	er Florida street address	
	Orlando	, Florida <sup>32837</sup>	
	City	Zip Co	de

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 =		
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MRG	Ana M Camilo	11183 Galvin dr Orlando FL 32837	
			Remove
			☐ Change
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
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			09/16/201					
Effective date, if other is listential of the list of the late in listential of the late in sed ocument's effective.	ed, the date must rted in this blo	be specific and ock does not r	d cannot be pri- neet the appl	or to date of fil- icable statuto	ng or more than ry filing requir	(options 90 days after fill ements, this da	ing.) Pursuant to (	605.0207 isted as
ne record specifie The 90th day af	s a delayed ter the reco	effective ord is filed.	date, but r	ot an effec	ctive time, a	it 12:01 a.n	n. on the ea	rli <b>e</b> r o
SEPTEMBER	R 27		2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00