## L18000082282

(Requestor's Name)		
(Address)		
(Address)	<u>.                                    </u>	
(City/State/Zip/Phone #	<del>)</del>	
P WAIT	MAIL	
(Business Entity Name	e)	
(Document Number)		
Certificates o	of Status	
s to Filing Officer:	•	
	(Address)  (Address)  (City/State/Zip/Phone #  WAIT  (Business Entity Name (Document Number)	

Office Use Only



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SECRETARY OF STATE DIVISION OF CERPONATIONS

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## **COVER LETTER**

ro:	Registration Se Division of Cor			
SUBJE	A.G.U. Roo	ofing LLC		
NUDJE	-1: <u>-</u>	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ri	cturn all correspo	ndence concerning this matter	to the following:	
		Lorenzo G Torrez		
		<del>. /2/8/-</del>	Name of Person	
		A.G.U. Roofing LLC		
			Firm/Company	
		614 E Highway 50 Suite	280	
			Address	<u></u>
		Clermont, FL 34711		
			City/State and Zip Code	<del></del>
		info@agu-roofing.com		
			to be used for future annual report notifi	cation)
For furtl	ner information co	oncerning this matter, please ca	all:	
Lorenz	o Torrez		at () 404-2800 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$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:

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

A.G.U. Roofing LLC		
( <u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on 04/02/2018	and assign	ned
Florida document number L18000082282		
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	e abbreviation "L.L.C	
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDRESS)		- <del>15</del> 55
		<u>-25</u>
	1	
Enter new mailing address, if applicable:	<del></del>	_ <u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
	رن م	Ŧ,
B. If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:	ter the name of	the new
registered agent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Neglacied Agent.		
New Registered Office Address:  Enter Florida street address		
, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<b></b>	
Thereby accept the appointment as registered agent and agree to act in this capacity. I further	auree to comply	with the

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Marcos Torrez	19533 Glen Elm Way	
		Orlando, FL 32833	■ Remove
			□ Change
			☐ Remove
			Change
			D Add
		-	Remove
			Change
<del></del>		<del></del>	
			□ Remove
			Change
			□ Remove
			Change
			☐ Remove
			□ Change

	nter change(s) here: (Attach additional sheets, if necessa	
		<del></del>
<del></del>		2 CB
		PH 2:
		<del></del>
to the control of the	. Ipmpt	·
(If an effective date is listed, the date must be specified. If the date inserted in this block document's effective date on the Department.	f filing:	) g.) Pursuant to 605,0207 ( e will not be listed as t
f the record specifies a delayed effect b) The 90th day after the record is	tive date, but not an effective time, at 12:01 a.m. filed.	on the earlier of:
Dated		
$\sim$		
<u> </u>	re of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00