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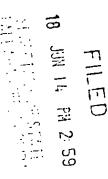
(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:	<u>;</u>	

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K. SALY JUN 15 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: All ABout Your 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:
Encly Ocusio Name of Person All About your rooting LLC Firm Company
1970 E. OSCROK PRWY #148
City/State and Zip Code
For further information concerning this matter, please call:
Name of Person at (486) 419-1469 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution So
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18	F Lijj	-//_	ED		
	j.,	14 -	PH	2:	59

(Name of the Limited Liability Company as it now adpears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	rere filed on 4	124/2018	and assigned
Florida document number <u>L18 000102917</u>		1	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here	::	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Futur blorid	a street address	
	Enter Profita		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree	i ta ant in this an	nacity I further as	ree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Enelyn Ocio	12245 Prairie Plente	twn - Add
		way Orlando A ?	32 P Remove
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an effective date lote: If the date	if other than the of is listed, the date must be inserted in this blo ctive date on the De	be specific and ca ck does not mee	nnot be prior to de it the applicable	nte of filing or more that statutory filing requ	(optional) n 90 days after tiling irements, this date	c.) Pursuant to 605.020
	cifies a delayed ay after the reco		e, but not a	n effective time,	at 12:01 a.m.	on the earlier o
ated <u>U</u>	<u>ie 13</u>		2018.			
)	(\gg				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00