## L18000129532

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
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## **COVER LETTER**

TO;	Registration Se Division of Cor			
SUBJEC		oofing LLC		
NODJEK	-!·	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Charles Arslan		
			Name of Person	
		13127 NW 42 Ave	Firm/Company	
		Miami, FL 33054	Address	
		chuck@phoenixbuilt.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please c	all:	
Charles .	Arslan		305 986-6474 at ( )	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.6	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)
		ING ADDRESS:	STREET/COURIE Registration Section	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Dade Roofing, LLC		
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 5/23/18	and assigned
Florida document number L18000129532	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>3</b> V
(Principal office address MUST BE A STREET ADD	RESS)	SE 135
		<u> </u>
		* 334 *- 201
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	istered office address on our records	anter the name of the
registered agent and/or the new registered office add	dress here:	enter the name of the m
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	City	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 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Zoraida Sanchez	13127 NW 42 Ave	
		Miami, FL 33054	Add
		Maint, 1 L 53054	■ Remove
MGR	Rony Sandoval	13127 NW 42 Ave	Change
		Miami, FL 33054	
		<del></del>	■ Remove
			Change
			□ Remove
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		<del></del>	□ Remove
		<del>-</del>	Change
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on effective date is listed, the date me <u>nte:</u> If the date inserted in this b ocument's effective date on the E	lock does not meet the	applicable statutor	y filing requiremen	ys after filling.) Put its, this date will	not be liste	5.02 :ed :
record specifies a delaye The 90th day after the rec		ut not an effec	tive time, at 12	:01 a.m. on	the earlie	er
September 21	2018	2/	•			

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Typed or printed name of signee

Filing Fee: \$25.00