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Certified Copies	Certificates	of Status
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COVER LETTER

TO:	Registration So Division of Cor		•	
5		onstruction & Roofing, LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Francisco Yambo, Jr		
		Millionz Constructions &	Name of Person Roofing	
		5233 NW 33rd Ave	Firm/Company	
		Fort Lauderdale, FL, 3330	Address 9	
		sales@millionzconstruction	City/State and Zip Code as.com	
		E-mail address: (to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please ca	all:	
Francisc	o Yambo, Jr		786 614 5853	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
= \$25.0	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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000190429}{}$.	wwere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	- C
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>enter the name of th</u> <u>e</u> :
New Registered Office Address:	
	Enter Florida street address
	Florida
	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, <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	Fernando Tavares	5233 NW 33rd Ave, Fort	
		Lauderdale FL 33309	
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60			10/02/2018						
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e record specifies The 90th day afte	a delayed effe er the record i	ective da s filed.	te, but no	t an effect	ive time,	at 12:01	a.m. on	the ea	ırlier
October 2 ated			2018						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00