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COVER LETTER

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eup ice		A Gutters	, Soffits & Fascias, LLC					
SUBJEC	Name of Limited Liability Company							
The enclo	osed Art	icles of Ai	mendment and fee(s) are sub	emitted for filing.				
Please ret	turn all o	correspond	lence concerning this matter	to the following:				
			Iliana Perez					
				Name of Person				
				Firm/Company				
			222 NE 22nd Ave					
				Address				
			Cape Coral, FL 33909					
			contact@ccacontractinggro					
For furthe	er inform	nation con	e-mail address: (to be used for future annual report notificall:	ation)	SEC.53.	7918 NOV	<u></u> i
Carlos A	. Perez			239 560-6085		775	126	7
		Name of P	erson		'elephone Number	GF SIN	AH 9:	
Enclosed	is a che	ck for the	following amount:			96	32	
⋈ \$ 25.0	00 Filing	; Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certifical Certified (additional	te of Stat Copy		

MAILING ADDRESS:

TO:

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

CCA Gutters, Soffits & Fascias, LLC	
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Mability Company)
The Articles of Organization for this Limited Liability Company	were filed on 08/14/2018 and assigned
Florida document number L18000194519	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
CCA Roofing Services, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	222 NE 22nd Ave
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33909
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ACE 30 8
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
B. If amending the registered agent and/or registered of	to the same of the
registered agent and/or the new registered office address her	
	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
Name of New Registered Agent:	<u> </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, 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
M	Yalit Kodriguez		_ Add
		2321 SE 6th Lane. Cape Coral, FL 33990	■ Remove
			☐ Change
MMGR	CCA Contracting Group, Inc		Add
		222 NE 22nd Ave Cape Coral, FL 33990	■ Remove
			Change
MGR	Carlos A. Perez	222 NE 22nd Ave Cape Coral, FL 33909	≅ Add
			☐ Remove
			☐ Change
AMBR	Alfredo Martinez Osa	540 SE 6th Ave. #2 Cape Coral, FL 33990	Add
			Remove
			Change
AMBR	Nelson B. Laurenti	107 SE 40th ST Cape Coral, FL 33904	Add
			Add 78 Pamove 78 Pamove 78 Pamove 78 Pamove 78 Pamove
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November State State Security			
			Remove
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Filing Fee: \$25.00