L18000197297

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(City/State/Zip/Phone #)				
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SECRETARY OF STATE

COVER LETTER

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CUDIFOT.	MAG	ROOFING & CONSTRUC	TION LLC	·• ·
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		М	IGUEL TORRES	
			Name of Person	
		2	225 Bridle Path	
			Address	
			Casselberry. FL: 32707	
			City/State and Zip Code	
			esflo@gmail.com to be used for future annual report n	atification)
For further	information c	oncerning this matter, please c	·	ouncation)
	Ν	liguel Torres	at (407	3693918
	Name o	f Person		ime Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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		Street Address: Registration S	Section	
Division of Corporations			Division of C The Centre of	•
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAG ROOFING & CONSTRUCTION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/17/2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ____ L 18000197297 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAG SERVICE & CONSTRUCTION LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 225 Bridle Path. Casselberry, FL 32707 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 225 Bridle Path. Casselberry, FL 32707 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida ___

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>	Name	Address	Type of Action
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			Remove
			Change
			Remove
			□ Change
			□Add
			□Remove
			□ Change

i anichul	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
an effectiv lote: If th	late, if other than the date of filing:
record sport is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	OCTOBER 4 2022
	Signature of a member of authorized representative of a member
	Miguel Torres

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