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(Ke	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
- (Ru	siness Entity Name	<u> </u>
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(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER SEP 14 2018

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ест: <u>М</u> Ј	ROOFING Name of Limit	ited Liability Company	
The c	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspor	ndence concerning this matter	to the following:	
		Martha	A Perez - Vela Name of Person	<u>squez</u>
		MJF	COFING Firm/Company	LLC
			OAK TERR Address	
		Greenacr Latads E-mail address: (1	City/State and Zip Code Chofmail. Com to be used for future annual report notific	63
For fu	uther information co	ncerning this matter, please ca	dt:	
	atiana (Daza Person	at (<u>561</u>) <u>855</u> Area Code Daytime	- 8879 Telephone Number
Enclo	sed is a check for the	e following amount:		
D2 \$2	25.00 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 ARTICLES OF ORGANIZATION OF

MJ ROOF	ING	LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now apper	ars on our recor	<u>'ds.</u>)		
The Articles of Organization for this Limited Liabs	lity Company		8/20	0/2018	and assig	gned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liabi	ility company l	<u>iere</u> :			
The new name must be distinguishable and contain the word	s "Limited Liabil	ity Company," the	designation "LL	C" or the abbrevia	ation "L.L.	.C."
Enter new principal offices address, if applicabl	e:				≅	
(Principal office address MUST BE A STREET	(DDRESS)				 SE	<u> </u>
						유로도
Enter new mailing address, if applicable:					A	EU OF S ORPOR
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>				94:	25
B. If amending the registered agent and/or registered agent and/or the new registered office			n our record	ls, <u>enter the</u>	name o	f the nev
Name of New Registered Agent:						
New Registered Office Address:		Enter Flo	orida street addre			
			. F	lorida		
-	•	City	, -		ip Code	
New Registered Agent's Signature, if changing Reg	istered 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Martha A Perez Velasquoz	4664 DAK TERRACE DR Greenacies, FL 33463	Add
	,	Greenacies, FL 33463	□ Remove
			Change
MGR	Martha A Rivera	4664 DAK TERRACE DR Greenacies, FL 33463	Add
		Greenacies, FL 33463	Remove
			Change
			🗆 Add
			Remove
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on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 to te: If the date inserted in this block does not meet the applicable statutory filing require	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	t 12:01 a.m. on the earlier
$\frac{09/06/20/8}{20/8}$	
Mattle A Perez Vislasque Signature of a member of authorized representative of a member of	Noer -
-	

Page 3 of 3

Filing Fee: \$25.00