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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	TY XPERTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PAUL MELLO, JR.		
		Name of Person	
	RX REALTY XPERTS LI	LC	
		Firm/Company	
	506 PARK DR		
		Address	
	BRADENTON, FL 34209		
		City/State and Zip Code	····
	paul@wildroofing.com		· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report not	ilication)
For further information c	concerning this matter, please co	all:	
JACK MELLO		941 920-3893	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on o	our records.)	
(Name of the Limited Liability Co (A Florida Lim	nited Liability Company)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/08/20	018	_ and assigned
lorida document number L18000235864			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ntion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES.	<u></u>	(20.
		7 = - 7 = - 	C)
		5:	-:
Enter new mailing address, if applicable:		Ş.,	
Mailing address MAY BE A POST OFFICE BOX)		-7;	ဂ္ဂၢ
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our record	ds, <u>enter the name</u>	of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	Zip Code
	City		zīp 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>	Name	Address	Type of Action
Authorized Re <u>present</u> ative	JACK MELLO	506 PARK DR	= Add
		BRADENTON, FL 34209	□Remove
Authorized			
Representative	NICHOLAS MELLO	506 PARK DR	≣Add
		BRADENTON, FL 34209	
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			□Change
			□ ∧dd
		□Remove	
			□Change
			DAdd
		<u> </u>	□Remove
			□ Change

	
, <u>.</u>	
<u></u>	
· · · · · · · · · · · · · · · · · · ·	
Note: If the date ins	ther than the date of filing:
he record specifies a coord is filed.	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated OCTOBER 2	2024
	I'll Leve
	Signature of a member or authorized representative of a member Melissa Mello
	$\Lambda \Lambda \Lambda = 1.5$