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PICK-UP WAIT MAIL
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J. HORNE FEB - 6 2024
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COVER LETTER

TO: Registration Section

Division of Corpo	orations		
FILOMENO	ROOFING LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
	dence concerning this matter		
riease retain an correspond	ience concerning this matter	to the following.	
	CHRISTIAN FILOMENO		
		Name of Person	
	FILOMENO ROOFING L	LC	
		Firm/Company	
	112 7TH WAHNETA ST	E	
		Address	
	WINTER HAVEN, FL 33	880	
	· 	City/State and Zip Code	
	CHRIS_FILOMENO@YM		
	E-mail address: (to be used for future annual report notif	ication)
For further information cor	ncerning this matter, please ca	ali:	
CHRISTIAN FILOMENO)	863 258-7113	
Name of l	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
Malling Address:		Street Address:	
Registration Se		Registration Sec	
Division of Co P.O. Box 6327	•	Division of Cor The Centre of T	
Tallahassee, Fl			e Street, Suite 810
rananassee, tr	17 Late 17	Tallahassee, FL	· ·

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILOMENO ROOFING LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 10/24	1/2018	and assigned
Florida document number L18000250366			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
FILOMENO ROOFING & CONSTRUCTION, LLC.			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	uddress on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	
		, Florida	
-	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of m provided for in Ch	ry duties, and I am fo apter 605, F.S. Or,	amiliar with and if this document is

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
			□Add
			CRemove
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			FiChanga

Effective date, if other than the date of filing: [An effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 505.020 Note: [If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [If cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. [JANUARY 15] [Signature of a member or authorized representative of a member of a me										
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Filing Fee: \$25.00