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MINISTRALIZATION AND A

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COVER LETTER

TO: Registration Se Division of Cor			
Jaimes Roc	fing, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	indence concerning this matter t	o the following:	
	Gilberto Jaimes-Villegas		
		Name of Person	
	Jaimes Roofing, LLC		
		Firm/Company	
	1333 Carefree Chapel		
		Address	
	West Palm Beach, FL 334	15	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	eation)
For further information	concerning this matter, please ca	all:	
Gilberto Jaimes-Villega	s	561 856-8733	
Name	of Person	at () 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)

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 TO ARTICLES OF ORGANIZATION OF

18 DEC 20 AH 7: 34

Jaimes Roofing, LLC

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

(A Pionda I.	amited Liability Company)	TO THUR
The Articles of Organization for this Limited Liability Co.		and assigned
Florida document number L18000269000	-•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	in "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses and the second sec	ered office address on our (ess here:	
N. D. L. LOSS Address		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered ague being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my di- tient as provided for in Chapte	ities, and I am familiar with and ir ir 605, F.S. Or, if this document is
	If Changing Registered Agent, Si	unature 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
OWNE	Gilberto Jaimes-Villegas	1333 Carefree Chapel 63, West Palm Beach, FL 33415	□ Add
			🗎 Remove
			Change
MGR	Gilberto Jaimes-Villegas	1333 Carefree Chapel 63, West Palm Beach, FL 33415	Add
			□ Remove
			Change
			REGove 77
			Change
			H 7: 32
			Remove
			Change
			□ Remove
			Add
			☐ Remove
			☐ Change

Effective date, if other than the date of filing: In effective date, if other than the date of filing: In 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 605 020 (agg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. December 20 2018 Signature of a member or authorized representative of a member.	•	 	
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Signature of a member or authorized representative of a member	Gi	Iberto Jaimes	- Villegas
	S	gnature of a member or authorized represe	ntative of a member
		Typed or printed name of sig	<u> </u>

Page 3 of 3

Filing Fee: \$25.00