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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: THE FAMILY ROOFING, LC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan Cruz Bautista Name of Person
Firm/Company
21230 S. Laurel Avt. Address
Sanford FL 32773  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TStrella (142 Bowlista at (417) 914-837 V  Name of Person at (417) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Tallaharra Et 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

JIE FAMILY Roofing,	LC
(Name of the Limited Liability Company as it now apr (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>LIGOOD 8983</u> .	1/17/2019 and assigned
This 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	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Zo.
	- C - N
Enter new mailing address, if applicable:	FIL PARY ASSE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our	
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	Estrella Cruz Bantist	ta Sanfopo, Fr. 32773	02Add
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an eife ote:	te date, if other than the date of filing:  (optional)  tive 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' fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
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ated_	Signature of a member or authorized representative of a member  Estrella CRUZ Bantista

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