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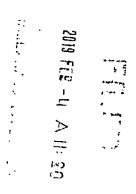
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COVER LETTER

TO:

	egistration Se ivision of Cor			
SHOTECT	- .	DER TRABAL CONSTRUCTI	ON. LLC.	
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		YARITZA TRABAL NOL	ASCO	
			Name of Person	
		ALEXANDER TRABAL	CONSTRUCTION, L.L.C.	
			Firm/Company	
		3031-1/2 E. 11TH CT.		
			Address	
		PANAMA CITY, FL. 324	901	
			City/State and Zip Code	
		YARITZATRABALNOLA	•	1.8
For further	r information c	n-mail address: ()	to be used for future annual report no all:	tification)
YARITZA	A TRABAL NO	OLASCO	850 628-7231	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed i	s a check for th	ne 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)
l	Registr —Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The same of the sa

ALEXANDER TRABAL CONSTRUCTION, LLC.

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 01/22/2019	and assigned
Florida document number 1.19000021264		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
GUERRERO'S CONSTRUCTION & ROOFING, LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3031 1/2 E. 11TH CT.	
(Principal office address MUST BE A STREET ADDRESS)	PANAMA CITY, FL. 32401	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street address . Florid:	<u> </u>
	Ciù.	Zip 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>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			
		 -	□ Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
			□ Change

•	
Note	effective date, if other than the date of filing: 12/22/2019 (optional) 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 605.0207 (3 : If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d 12/22/2019.
	Joseph Label Nolasco Signature of a member or authorized representative of a member Vacitza Trabal Nolasco Typed or printed name of signee
	Yaritza Trabal Nolasco

Page 3 of 3

Filing Fee: \$25.00