

L19000031197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

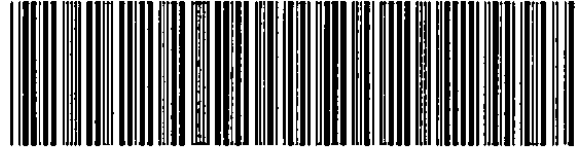
(Document Number)

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2019 JUL -5 PM 4:30  
FBI - SEATTLE

GLASS

JUL 08 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2019

MARTHA PATARROYO  
730 SOUTH STERLING AVE  
SUITE 205  
TAMPA, FL 33609

SUBJECT: MORALES CAMPOS ROOFING LLC  
Ref. Number: L19000031197

We have received your document for MORALES CAMPOS ROOFING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Title and name is required on page 2 of 3

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 319A00012783

RECEIVED

JUL 05 2019

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MORALES CAMPOS ROOFING LLC

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:

MARTHA PATARROYO

Name of Person

TAX CARE

Firm/Company

730 SOUTH STERLING AVE SUITE 205

Address

TAMPA FLORIDA 33609

City/State and Zip Code

martha.patarroyo@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

martha p patarroyo

786

6316524

at ( )

Name of 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)

## 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

FILED  
2019 JUL -5 PM 4:31

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MORALES CAMPOS ROOFING LLC

(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 02/06/2019 and assigned  
Florida document number L19000031197.

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 designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

4401 Gulfwinds Dr Lutz FL 33558

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida  
City

\_\_\_\_\_  
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 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 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 attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
MGR	Campo Fbr	4401 Gulfwinds Dr. Lutz Fl 33558	<input checked="" type="checkbox"/> Add
		3318 WEST KATHLEEN STREET Tampa Fl 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2019 JUL - 6 PM 4:32

FILED  
2019 JUN -5 PM 4:32  
CLERK OF SUPERIOR COURT  
JULIA A. HARRIS

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If 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 605.0207

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 06/06/ 2019

Flor Campos  
Signature of a member or authorized representative of a member

Flor Campos  
Typed or printed name of signer