LIGUEZO 32776

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COVER LETTER

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TO: Registration Division of C			
SUNSHI SUBJECT:	NE KITCHEN AND BATH RES	NOVATIONS, LLC	
30b3EC1.	Name of Lim	ited Liability Company	The state of the s
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	CONTRACTOR OF THE PARTY OF THE
Please return all corre	pondence concerning this matter	to the following:	
	Ronny Hanna		
		Name of Person	
	LOSS GIVEN A LOSS A	Firm-Company	
	1820 SW Bayshore Blvd.		
	Port Saint Lucie, FL 3498-	Address	
	ronnyhanna@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	reoncerning this matter, please ca	nll:	
Ronny Hanna		772 2400081	
Nam	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	r 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)

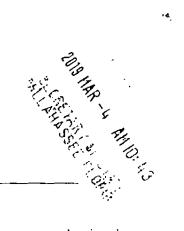
MAILING ADDRESS:

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



SUNSHINE KITCHEN AND BATH RENOVATIONS, 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 Compa	any were filed on January 31, 2019	and assigned
Florida document number L19000032776		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
EXPERT ROOFING SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		enter the name of the new
registered agent and/or the new registered office address b	<u>16re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	Cuy , Flori	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a	sorce to act in this capacity. I forth	er goree 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			☐ Remove
			☐ Change
			Add
			Remove
			□ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			.

Note	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
Dated	February, 25 2019
Date	
	1 1 11 = -7

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00