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T. MATTHEWS MAR 31 2022

### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT.	EMMANUEL C.S.M.S. ROOFING LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	(	CARLOS A. BARAHONA		
	Name of Person			
	EMMA	NUEL C.S.M.S. ROOFING LLC		
	Firm/Company  14900 SW 136TH ST SUITE 109  Address  MIAMI, FL 33186			
		City/State and Zip Code		
	emma	muelc.s.m.sroofing@gmail.com		
	E-mail address: (	to be used for future annual report no	tification)	
For further information e	oncerning this matter, please c	all:		
CARLOS A	. BARAHONA	786 515-7726 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	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)	
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration S Division of Co The Centre of	orporations	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

## 227 21 F. 3:21 EMMANUEL C.S.M.S. ROOFING LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 03-01-2019 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L19000059332 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 "LLC." 14900 SW 136TH ST SUITE 109 Enter new principal offices address, if applicable: MIAMI, FL 33186 (Principal office address MUST BE A STREET ADDRESS) 14900 SW 136TH ST SUITE 109 Enter new mailing address, if applicable: MIAMI, FL 33186 (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

#### 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

Enter Florida street address

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	LEONEL O. REGALADO	18005 SW 154TH PL	<b>≣</b> Add
	MIAMI. FL 33187	□Remove	
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on, enter change(s) here: (Attach additional sheets, if necessary.)
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ate of filing:
late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
2022
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gnature of a member or authorized representative of a member
gradule of a member of administrate representative of a member
CARLOS A. BARAHONA

Filing Fee: \$25.00