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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

	Registration Sec Division of Corp			
orin in c	Menchaca R	toofing, LLC		
SUBJEC	: r:	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Paulina Menchaca		
			Name of Person	
		Menchaca Roofing, LLC		
			Firm/Company	
		6039 Cypress Gardens Blv	vd. Ste 147	
			Address	
Winter Haven, FL 33844				
		paulina@menchacaroofing.	City/State and Zip Code	
			(to be used for future annual report notification)	
For furth	er information co	oncerning this matter, please co	all:	
Paulina l	Menchaca		863 412-1449 at ()	
	Name of	f Person	Area Code Daytime Telephone Number	
Enclosed	is a check for th	e following amount:		
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Access 1
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Menchaca Roofing, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 1.19000126222	were filed on 05/09/2019 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Menchaca Roofing & General Contracting, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	118 E Stuart Ave			
(Principal office address MUST BE A STREET ADDRESS)	Lake Wales, FL 33853			
Enter new mailing address, if applicable:	1401 Tiger Lake Rd			
(Mailing address MAY BE A POST OFFICE BOX)	Lake Wales, FL 33898			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered			
New Registered Office Address:	Enter Florida street address			
	City , Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	2021			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and performent is provided for in Chapter 605, F.S. Or, if this document is			

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>	<u>Address</u>	Type of Action
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			□ Remove
	•		□Change
	Webselve Ed. Appropria		□Add
			□Remove
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an effective date is listed, the date mustote: If the date inserted in this bloom	t be specific and cannot	be prior to date of filir	g or more than 90 days aft	ter filing.) Pursuant to 605.0
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record specifies a delayed effectiv	e date, but not an effe	etive time, at 12:01	a.m. on the earlier of:	
l is filed.				EC 2
December 16	2024	ı		1/5
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·· ———————————————————————————————————	Signature of a member	or authorized represe	ntative of a member	, If 5

Filing Fee: \$25.00