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(Re	questor's Name)	<u>.</u>
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PICK-UP	☐ WAIT	MAIL
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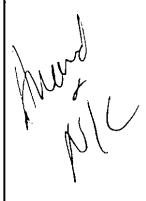


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COVER LETTER

TO:

	Registration Sec Division of Corp				
0		RESSURE CLEANING & RE	PAIRS LLC		
SUBJEC [*]	T: Name of Limited Liability Company				
The enclo	sed Articles of a	Amendment and fee(s) are subr	nitted for filing.		
		ndence concerning this matter t			
		Tabitha A. Taylor, Esq.			
			Name of Person		
		Bryant Taylor Law PLLC			
			Firm/Company	<u> </u>	
		333 Las Olas Way #416			
		,	Address	 _	
		Fort Lauderdale, FL 33301		_	
		City/State and Zip Code			
		ttaylor@sbttlaw.com		ari Cartina)	
			to be used for future annual report n	ouncation)	
For furth	er information c	oncerning this matter, please ca	all:		
Tabitha A	A. Taylor, Esq.		954 282-9331 at ()		
	Name o	f Person	Area Code Dayl	time Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	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 Addres		Street Address:		
Registration Section Division of Corporations		Division of C	Registration Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee			
		FL 32314	2415 N. Mon	iroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/26/2019</u>	and assigned
Florida document number 1.19000192035		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
I&M Quality Roofing and Repairs LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1847 Forest Avenue	7625
Principal office address MUST BE A STREET ADDRESS)	Palm Springs, Florida 33406	要.
		22
		P
Enter new mailing address, if applicable:	1847 Forest Avenue	
Mailing address MAY BE A POST OFFICE BOX)	Palm Springs, Florida 33406	5.9
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, <u>enter the n</u>	ame of the new regist
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 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>	<u>Address</u>	Type of Action
AMBR	MARIO A. IBARRA	1847 FOREST AVENUE	■Add
		PALM SPRINGS, FL 33406	□Remove
			□Change
MGR SERGIO ZAVALA		1847 FOREST AVENUE	= Add
	PALM SPRINGS, FL 33406	□Remove	
			Change
		□Add	
		·	□ Remove
		□ Change	
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			□Remove
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			□ Change

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(If an eff <u>Note:</u>	ive 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 of: 90th day after the record is filed.
Dated	5/5/20 Signature of a member of authorized representative of a member
	Tabitha A. Taylor, Esq.
	Typed or printed name of signee