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TALLANDANCAE, IN

2/24/21

## **COVER LETTER**

**Registration Section** 

## **Division of Corporations** EMELY"S rOOFING BJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: FERMIN L. PEREZ Name of Person EMELY'S ROOFING LLC Firm/Company 2898 SE NORMAND STREET Address STUART, FL 34997 City/State and Zip Code ferminperezchan@icloud.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: FERMIN PEREZ 772 486.1550 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMELY'S ROOFING LLC

(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears or Liability Company)	our records.)
e Articles of Organization for this Limited Li orida document number	ability Company	were filed on 01/11/	2021 and assigned
is amendment is submitted to amend the following	owing:		
. If amending name, enter the new name of	the limited liab	ility company here:	
E & LEO PAINTING LLC			
te new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)	N/A	
		N/A	
Enter new mailing address, if applicable:		N/A	11 E
Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:		address on our reco	rds, enter the name of the new regist
New Registered Office Address:	N/A		
New Registered Office Address.		street address	
	N/A		, Florida
		Ciņ·	Zip Code
Sew Registered Agent's Signature, if changing F	legistered Agent:		
hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this secondary.	er and complete stered agent as <sub>l</sub> registered office	performance of my provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is
	If Chai	nging Registered Agent,	Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

GR = Manager IBR = Authorized Member

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