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Division of Cor						
SUBJECT: A METAL	ROOFING LLC					
	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.				
Please return all correspo	ondence concerning this matter	to the following:				
	ABRAHAM J HERRERA					
		Name of Person				
	A METAL ROOFING LL					
		Firm Company				
	8305 NARCOOSSEE RD , #3302					
		Address				
	ORLANDO, F1, 32827					
		City/State and Zip Code				
	E-mail address. (to be used for future annual report noti	fication)			
For further information e	oncerning this matter, please c	all:				
ABRAHAM J HERRER		407 561-4445				
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	12. \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed.			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

A METAL ROOFING 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 Company were filed on 12/05/19 __ and assigned Florida document number $^{1.19000297427}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (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: N/AName of New Registered Agent: New Registered Office Address: Enter Florida street address N/A

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

Title	<u>Name</u>	Address	Type of Action
VP	ISAMAR HERRERA TORRES	2007 DIXIE BELLE DR, APT O	
		ORLANDO, FL 32812	
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the record specifies a delay cord is filed.	yed effective date, but not	an effective time.	at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
Dated	·	2020			
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ABRAHAM	J HERRERA TORRES	member of authorize	a representative of a n	ember	
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Filing Fee: \$25.00