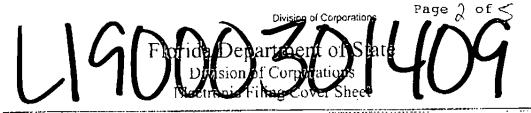
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : I20110000069

: (954)567-0013 Phone

Fax Number : (954)567-3401

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: kathy@apiprocessing.com

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W&E AYYAD LLC

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Help

ARTICLES OF AMENDMENT Page 3 of 5

ARTICLES OF ORGANIZATION OF

	Or		202	
W&F	: Ayyad LLC		2021 SEP	
		rs on our records.)	1.4-	
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)		-9 -9	
The Articles of Organization for this Limited Liability Com	pany were filed on	December 11, 2019	and assigned	
Florida document number 1.19000301409			0.25	
-longa document number			<u> </u>	
This amendment is submitted to amend the following:			.	
 If amending name, enter the new name of the limited 	I liability company h	ere:		
Faj Roofing & Sheet Metal LLC				
he new name must be distinguishable and contain the words "Limited	Liability Company," the c	lesignation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:			<u> </u>	-
Principal office address MUST BE A STREET ADDRES	<u> </u>		_ .	
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Enter new mailing address, if applicable:	 	<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			_
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B. If amending the registered agent and/or registered o	ffice address on our i	erords, enter the nan	ne of the new registe	erec
B. If amonding the registered agent and/or registered of agent and/or the new registered office address here:	ince address on our r	etorus, <u>enter the nur</u>	A.	
erent another the new registered office address here.				
Name of New Registered Agent:				-
New Registered Office Address:				
New registered Office Modiess.	Enter Flo	rida street address		
		T7		
	Cin:	, Florida	Zip Code	-
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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

MGR = Manager

H21000330546 3
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Page 4 of 5

AMBR = A	authorized Member		
<u>Title</u>	Nume	Address	Type of Action
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