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COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT:	L46 (ontradors Roofin	g Systems, LLC
		Name of Lit	mited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	·
Please	return all corresp	ondence concerning this matter	r to the following:	
			Gloria Gonz	alez
		L \$ G C	Name of Person ontractors Roofing Firm/Company	g Systems UC
		Po	Box 145 Address	
			Alfred, FL 338 City/State and Zip Code	344 7/15
		E-mail address: (20 12267910ria to be used for future annual report not	ognal.com
		oncerning this matter, please c	all;	
C	Name o	onzalez f Person	at (<u>956</u>) <u>789</u> . Area Code <u>Dayrim</u>	0 5 3 2 te Telephone Number
Enclosed	his a check for th	ne following amount:		
≾ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	tractors kooting Systems, UC
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)
	impany were filed on $\frac{12/11/19}{}$ and assigned
Florida document number <u>L 19000301728</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	NA
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u></u>
	JA "#1
Enter new mailing address, if applicable:	\sim \sim \sim
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	N/A
New Registered Office Address:	
	Enter Florida street address
	Florida
N. B. L. A. B. G. B.	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 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>	Address	Type of Action
MBR	Jonathan Frias Castro	Haines City, FL 338	
			□Change
			[]Add
			CIRemove
			□Change
	•		□Add
			□Remove
			□Change
			□Add
			_ []Remove
			_ □Change
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			□Remove
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			_ ERemove
			□ Change

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after finate. If the date inserted in this block does not meet the applicable statutory filing requirements, this	
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	lu a) Porcuent to 605 0707
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) d is filed.	The 90th day after the
Dated 1/8 2020. X Dolla Domali	
Signature of a member or authorized representative of a member	