

L20 000012150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

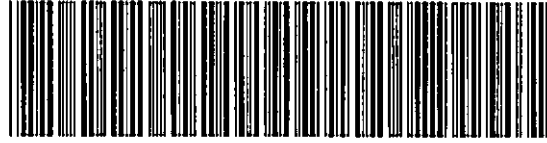
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/27/20--01028--005 **55.00

FILED
2020 FEB 27 PM 2:05
STATE OF TEXAS
FELIX

Amend/CC

MAR 10 2020

I ALBRITTON

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **TUSK ROOFING SERVICES LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY PINEIRO

Name of Person

TUSK ROOFING SERVICES LLC

Firm/Company

9309 COLLINS AVE APT 12

Address

SURFSIDE, FL 33154

City/State and Zip Code

MARYP411@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY PINEIRO

786 712-6723

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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 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**

FILED
2020 FEB 27 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TUSK ROOFING SERVICES 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 JANUARY 6, 2020 and assigned Florida document number L2000012150.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

9309 COLLINS AVE APT 12
SURFSIDE, FL 33154

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9309 COLLINS AVE APT 12
SURFIDE, FL 33154

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:

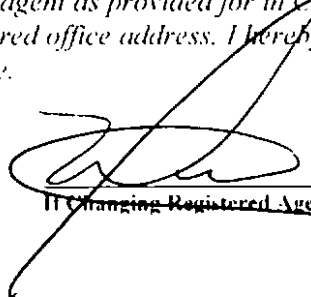
Name of New Registered Agent: MARY PINEIRO

New Registered Office Address: 9309 COLLINS AVE APT 12
Enter Florida street address

SURFSIDE, Florida 33154
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>	<u>Type of Action</u>
PRES	MARY PINIRO	9309 COLLINS AVE # 12 SURFSIDE FL 33154	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MEJIA, NELSON A	1110 NW 104 ST	<input type="checkbox"/> Add
		MIAMI, FL 33150	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	MERCEDES MARTINEZ	1581 WEST FAIRWAY ROAD	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PA	MARY PINIRO	9309 COLLINS AVE # 12	<input checked="" type="checkbox"/> Add
		SURFSIDE, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WE ARE REMOVING NELSON A MEJIA AND MERCEDES MARTINEZ

WE ARE ADDING MARY PINEIRO

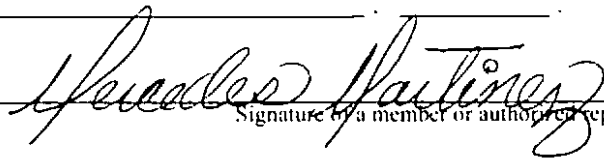
E. Effective date, if other than the date of filing: _____ (optional)

(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 filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 17, 2020



Signature of a member or authorized representative of a member

MERCEDES MARTINEZ

Typed or printed name of signee