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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Future Angels Roofing 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:
Leyla Guzman Name of Person
Evernan Pax Services.
5270 Golden Exte Plumy #115
Naplus F2 34114 City/State and Zip Code
English address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leyla Gurnan at (239) 645.2346. Name of Person at (239) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	pany were filed on and assigned
Torida document number <u>L20000109558</u>	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited	liability company here:
Future Angels Roofing an	nd Construction LLC
	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same as Posted
Principal office address MUST BE A STREET ADDRESS	
	7.5
Enter new mailing address, if applicable:	Same as posted
Mailing address MAY BE A POST OFFICE BOX)	
	fice address on our records, enter the name of the new regis
3. If amending the registered agent and/or registered of	nee address on our records, enter the name of the new regis
3. If amending the registered agent and/or registered oflegent and/or the new registered office address here:	the address on our records, enter the name of the new regis
gent and/or the new registered office address here:	nee address on our records, enter the name of the new regis
gent and/or the new registered office address here: Name of New Registered Agent:	The address on our records, enter the name of the new regis
gent and/or the new registered office address here:	
	Enter Florida street address , Florida

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>	Name	Address	Type of Action
			□Add
			□Remove
		·	□Change
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