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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: TUTO	Name of Limit	Roofing 4 Const	tructionLLC
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Leyla E	202man	
	Guzma		
	1570 G	Firm/Company Place Gate Pr	Luxy Sot 115
		Address	
	Naples	FL 34114	
-	E-mail addless: (to	City/State and Zip Code Code	il. Wm
For further information conc	erning this matter, please cal	II:	
Name of Pe	J2ma m	at (239) U45. Area Code Daytime Te	2346 Elephone Number
Enclosed is a check for the fo	ollowing 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

(Name of the Limited Liability Compa	ing and Construction LLC
(Name of the Elimited Diability Compa	ny asht now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 422 2020 and assigned
Florida document number <u>L2000110955</u> 8.	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2001 55th lever SW Astal
(Principal office address MUST BE A STREET ADDRESS)	Naples FL 34116
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	-2-7

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
AMBA	ISage Angeles Fue	ntes 2001 55th Ten Su) DAdd
	J	Apt 4 Naples FL 34	ll φ □Remove
			DChange
AMBR	Adelaida Orchana	2001 SST Ten SW	□Add
N12K.		2001 SSt Terr SW Apt 4 Naples Fr 34111	⊅ , □Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			🗆 Change
			🗀 Add
			□Remove
			□Change

Can you also add the EIN# 85-0940150. Thank you!	- -
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Thank you!	_
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ffective date, if other than the date of filing:	5.0207 ted as
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 filed.	er the
ated $\frac{5 5 2020}{}$.	
Level -	
Signature of a member or authorized representative of a member	
Isage Angsles Fugn tess	