Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : V & A BUSINESS SOLUTION INC

Account Number : I20160000021 Phone : (954)865-6607

Fax Number : (954)933-2634

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

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Email Addres	s:	, جول • د

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICON ROOFING GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER , . .

	gistration Sec Islon of Corp		
eun le <i>c</i> ve	ICON ROO	FING GROUP LLC	
SUBJECT:		Name of Limi	ted Liability Company
The enclosed	d Articles of A	Amendment and fee(s) are sub-	nitted for filing.
Please returr	all correspor	ndence concerning this matter	to the following:
		E	RNEST A CARUCI PUCCIO
			Name of Person
			MANAGER .
			Firm/Company
		512	4 MILLENIA WATERS DR 2202
			Address
		,	ORLANDO FL 32839
			City/State and Zip Code
	•		usinessolutions@gmail.com
		E-mail address: (to be used for future annual report notification)
For further i	nformation co	oncerning this matter, please co	all: ,
ERNEST A	CARUCI PU	JCCIO .	407 346-5661 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	e following amount:	
■ \$25.00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Addres		Street Address: Registration Section
Di	vision of C	orporations	Division of Corporations
	O. Box 632		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
13	illahassee, l	۳۱ ۵۷۵ (۴	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICON ROOFING GROUP LLC		
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	irs on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company were filed on _	05/07/2020	and assigned
lorida document number L20000124306	· ··	•
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company h	ere:	
he 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)		· ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
·		
3. If amending the registered agent and/or registered office address on our	records, enter the na	ame of the new regis
gent and/or the new registered office address here:		20 J
Name of New Registered Agent:		
New Registered Office Address:		P: 5 11
Enter Fl	orida street address	高部 2 に
	, Florida	Z Zin Colle
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>	Name	Address		Type of Action
AMBR	LILIAN C VARELA	12811 SUG	ARWOOD LN	= Add
		CLERMON	T FL 34715	□Remove
			·	☐ Change
		· -		
				□Remove
				Change
		<u> </u>		□Add
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				□Add
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Effective date, if other than t	he date of filing:	(optional)
of Carried Street, and a second street does a	nust be specific and cannot be prior to date of filing or mor block does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 803.0207 (3) requirements, this date will not be listed as the
the record specifies a delayed effectord is filed.	ntive date, but not an effective time, at 12:01 a.m. of	n the earlier of: (b) The 90th day after the
Dated JULY 01	2020	
•	CPNES	
 -	Signature of a member of authorized representative of	of a member
	ERNEST A CARUCI PUCCIO	
	Typed or printed name of signee	

Filing Fee: \$25.00