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COVER LETTER

Division of Cor		•	
MULTISEI SUBJECT:	RVICIOS ROOFING & CON	STRUCTION LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELVIO COBO		
		Name of Person	
	MULTISERVICIOS ROC	FING & CONSTRUCTION LLC	
		Firm/Company	
	430 E PACKWOOD AVE	C105	
		Address	
	MAITLAND FL 32751		
	·	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
ELVIO COBO		407 781-7515 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

MULTISERVICIOS ROOFING & CONSTRUCTION LLC

(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000127106	were filed on 5/4/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
MULTISERVICES ROOFING & CONSTRUCTION LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	430 E PACKWWOD AVE C105
(Principal office address MUST BE A STREET ADDRESS)	MAITLAND FL 32751
Enter new mailing address, if applicable:	PO BOX 940382
(Mailing address MAY BE A POST OFFICE BOX)	MAITLAND FL 32794
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Adđ
			□Remove
		-	Change
			□Add
			□Remove
			□Change
			Remove
		· _ - :	
			□Add
			□Remove
			□ Channa

11 amenc	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect Note: If	obj/19/2020 date, if other than the date of filing: we 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
ne record s ord is filed	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
Dated	5/19/2020
	Signature of a member or authorized representative of a member
	Fluid Mich
	Typed or printed name of signee