

L20000171623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

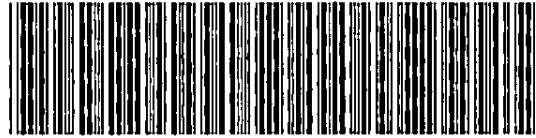
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

3/19/21
Special Instructions to Filing Officer:

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STATE

APR 09 2021

2021 MAR 19 PM 5:19

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2021

RICARDO REYES
1760 FLORIDA AVE
PALM HARBOR, FL 34683

SUBJECT: UP TOP ROOFING LLC
Ref. Number: L20000171623

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 321A00005152

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UP TOP 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:

Ricardo Reyes

Name of Person

UP TOP ROOFING LLC

Firm/Company

1760 FLORIDA AVE

Address

Palm Harbor FL 34683

City/State and Zip Code

ricardo_reyes6@aol.com

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

For further information concerning this matter, please call:

Ricardo Reyes

727

4007422

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**

UP TOP ROOFING 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 06/19/2020 and assigned Florida document number L20000171623.

This amendment is submitted to amend the following:

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

Reyes Financial Consulting LLC

Reyes Financial Consulting LLC

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:

1760 FLORIDA AVE PALM HARBOR, FL 34683

(Principal office address MUST BE A STREET ADDRESS)

State

Enter new mailing address, if applicable:

1760 FLORIDA AVE PALM HARBOR, FL 34683

(Mailing address MAY BE A POST OFFICE BOX)

AVE Palm Harbor

State

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:

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated 03/15/2021

Ricardo Perez
Signature of a member or authorized representative of a member

Typed or printed name of signee