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COVER LETTER

Tallahassee, FL 32314

	gistration Se vision of Co			
SUBJECT:	C&M ROC	DFING LLC		
				
The enclose	d Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		MARCUS FELIX		
			Name of Person	
		C&M ROOFING LLC		
			Firm/Company	
		104 SE 2 AVE		
			Address	
		DANIA BEACH, FL 3300)4	
		marcusfelix611@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please c	all:	
Marcus Feli	х		954 949-5469 at ()	
	Name of	f Person		ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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)
	iling Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&M ROOFING LLC

2979 Cr 19 A" 8: 35

(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 9/25/20	and assigned
Florida document number L20000303023	<u>-</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
CK&M ROOFING LLC		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records, <u>enter t</u>	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Pioriau street address	
<u> </u>	, Flo	
	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
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			□Remove
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te: If the da	is listed, the date must be specified in this block decrive date on the Depart	oes not meet the applica	o date of filing or more the ble statutory filing rec	(optional) han 90 days after filing.) Pur quirements, this date will	rsuant to 605.0207 not be listed as
cord specific s filed.	s a delayed effective date	e, but not an effective tin	ne, at 12:01 a.m. on th	ne earlier of: (b) The 90	th day after the
October ed	16	2020			
	<u> </u>		- ·		
	MARCUS	A150			
	' Signa	dure of a member or author	ized representative of a	member	
Marc	us Felix				
•••		Typed or printed	name of signee		